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The care of the human mind is the most noble branch of medicine.—Grotius.

2

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ESSAYS, CASES AND SELECTIONS.

ON LATENT PHthisis IN THE INSANE. By JOSEPH
WORKMAN, M. D.

*Read before the Association of Medical Superintendents of
American Institutions for the Insane.*

ACCURACY of prognosis in insanity, though very desirable in various respects, and though much more closely approximated than it was a century ago, has not yet been arrived at, and for a long time to come, may not be attained. Few who are largely conversant with insanity have not had painful realization of this fact; and prolonged experience teaches us to be very circumspect in the deliverance of either a favorable or an unfavorable opinion on the probable issue of a case, at an early period of our acquaintance with it. We have all seen recoveries where we had relinquished hope; and we have had to mourn over failures, where we once saw good promise.

It is very probable that one of the chief sources of error may be found in our inattention to, or ignorance of, those morbid physical complications with which the malady is so generally associated, and to which it may be more intimately related than we have suspected. It is doubtful if in many instances, or indeed in any, in which these complications are of fatal or intractable character, we ever succeed in curing insanity.

VOL. XIX. No. 1.

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To whatever extent we fall short of restoring our patients to sound health of body, to a similar or greater extent will mental recovery fall short.

Constant and exact observation of the general health of the incurable insane, and a rigid investigation of the diseases under which they finally succumb, must be of high importance to us, in enabling us in numerous instances to detect those negations of curability, which ultimately interpose their veto upon all our hopes and promises. We have become familiar with several physical complications, whose detection even at the very outset of insanity, or before mental aberration has yet been evinced, proclaim to us but too unmistakably, the utter hopelessness of the cases in which we observe them—general paralysis, epilepsy, injuries of the brain, advanced organized lesions of the heart, the lungs, or of any other important organ, hardly fail to assure us of the incurability of their associated mental disease. It would seem but little to affect our prognosis whether the brain itself—that organ to which we are wont to ascribe immediate or sole mental sovereignty—is or is not directly implicated; its functional integrity, whether primarily or only by reflex agency, impaired, will not be reconstructed so long as any lethal condition exists in any other important part of the system.

Of all the morbid complications of incurable insanity, none is perhaps more extensively present, or more certainly fatal, than pulmonary tubercular phthisis. Esquirol estimated that in one out of every four persons becoming insane, thoracic disease exists.

Georget has stated that he found more than three-fourths of the bodies of deceased insane persons examined by him, affected with lung disease; and that more than half of all the deaths in the Salpêtrière, proceeded from phthisis. It is my conviction that neither of the preceding statements exceeds the truth; and that general autopsical investigation in this country would establish the very same facts.

The average of a few of the principal English asylums, as shown in the mortality bills of their annual reports, would seem to be about one-third of the whole deaths, falling under

the head of pulmonary consumption; but unless the returns are based on *post-mortem* examination, they must be unreliable. It is my belief that the proportion of one-third is considerably below the true figure.

An equal proportion of deaths in these asylums, is shown to result from general paralysis; so that under these two heads alone we have two-thirds of all the mortality accounted for. If to these two-thirds we add the deaths arising from other formidable or intractable diseases, as epilepsy, apoplexy and other fatal brain-diseases, the various diseases of the heart, the liver, kidneys, intestines, spleen, uterus, and of the lungs besides phthisis, we shall have only a trivial remaining margin.

In the large asylums of England the mortality of the insane residents may be regarded as a pretty exact equivalent of the mortality of the incurable insane; and if their statistics show that almost the whole of their deaths arise from diseases of an incurable character, two highly important conclusions may be legitimately drawn from the facts. Firstly, that the incurability of the patients, remaining in this state, has proceeded from an adequate cause; and secondly, that the institutions have been efficient in the purpose of mental restoration, to the highest possible proportion.

The proportion of deaths arising in English asylums, as well as in those of Europe generally, from general paralysis, strikes the American alienist as frightfully large. Among males, the proportion of these cases is to those among females as 4 to 1; whilst under the head of pulmonary consumption, the deaths among females are to those amongst males as 3 to 2. General paralysis and consumption would not therefore seem to be numerically compensative in the sexes; but we must not overlook the fact that, in the four asylums from which I derive my numbers, the aggregate mortality of males from general-paralysis and consumption, was to that of females as 3 to 2; or in actual figures, 126 to 85. In the four asylums referred to, a considerably larger number of women than men are resident, and as the one sex must ultimately die as well as the other, in a given number of years the figures

will come out accordingly; therefore, if any one, or all of them, should show a larger mortality among men from all causes than among women, the figures must be for the time erroneous. Colney Hatch lodges about 50 per cent. more women than men; yet its return of deaths for the year 1858 shows 81 deaths of males, and only 42 of females; and a similar disproportion, though by no means so great, appears in the other asylums.

I believe it is not found in any country that a larger proportion of recoveries occurs in women than in men; if, therefore, the unrecovered remain for life, the proportion of deaths must ultimately stand as that of the admissions, in the two sexes.

In the Toronto Asylum and its branches, where incurables are permanently detained, and there is a larger aggregate of female than of male residents, the annual mortality in the sexes is now numerically nearly equal, and as the institution grows older it will very probably present proportions corresponding to those of the admissions; and if a predominance of pulmonary consumption in females should be found compensative for a predominance in general paralysis, or other diseases more largely incident to male patients, the aggregate proportion of deaths from consumption, which last year was found to be 50 per cent., has not yet been attained.

Though it might be expected that in American asylums, generally, the mortality from consumption would not fall below that of England or Canada, more especially, too, when we take into consideration the large figure filled up by general paralysis in English asylums, yet the bills of mortality given in annual reports would appear to prove quite the contrary.

Taking the returns given by the following six institutions contiguous to Canada, we find the recorded proportion of deaths from consumption, as compared with the whole mortality, as follows:

| | | | | | | |
|---------------|---|---|--------|---|-------|-----|
| Maine Asylum, | . | . | . | . | 7 in | 31 |
| Worcester, | . | . | . | . | 3 in | 22 |
| Hartford, | . | . | . | . | 1 in | 9 |
| Bloomingdale, | . | . | . | . | 6 in | 29 |
| Utica, | . | . | . | . | 9 in | 42 |
| Kings County, | . | . | . | . | 7 in | 45 |
| | | | | | — | — |
| | | | Total, | | 33 in | 178 |

Thirty-three deaths from pulmonary consumption in a total of one hundred and seventy-eight, appears to me a surprisingly small proportion, for the inmates of lunatic asylums ; and I imagine it falls considerably below that of the population outside.

But a seventh institution, that of New York city, shows 48 deaths from consumption in a total of 118 ; which is double the rate per cent. of the average of the other six. Whence this great disparity ? It may be alleged that the true explanation is to be found in the inferior original organization of the inmates of the metropolitan Asylum. I doubt, however, if this fact obtains. I am strongly inclined to the belief that the New York City Asylum records of mortality have been based, to a large extent, on *post-mortem* evidence, rather than on *ante-mortem* suppositions.

I have had overwhelming proofs, that without the revelations of the dissecting knife the most amazing errors of diagnosis, in the diseases of the insane, are quite inevitable ; and unless I should be assured that the small proportion of deaths from consumption shown by the six asylums named, was a fact verified by *post-mortem* examination, I can not possibly admit its correctness.

In the Toronto Asylum, I have never, I think, realized less than 33 per cent. of deaths from consumption ; and as I have already stated, last year it amounted to 50 per cent.

The great majority of insane patients dying of this disease present none of those symptoms which so clearly indicate its presence in other persons. They neither cough nor expectorate ; they complain of no pain ; they have no hectic exacerbations, no sweatings or colliquative diarrheas, or pulmonary

hemorrhages. They have not the keen appetite which many consumptives experience; neither have they the buoyant hope, the lustrous eye, or the death announcing cheek-flush of the consumptive. Their breathing does not seem troublesome or difficult, until perhaps only a few hours before death; and even then the defect seems to consist rather in muscular feebleness than in reduced pulmonic capacity. Many of them do not reach extreme emaciation. They gradually fade away, and glide out of life almost imperceptibly.

In 18 cases of consumption out of 21, which last year proved fatal under my charge, the condition of the patients was nearly as above described.

Is it to be believed that without the guidance of *post-mortem* examination I should have avoided erroneous registration of the true cause of death, in all the 18 cases of latent phthisis, above mentioned? I have, in the dead-room, too often had demonstrations of my own ignorance, and of my own imperfect observation and fallacious diagnosis, to flatter myself that I should have, more than approximately, stated the truth. I trust it will not be regarded as presumptuous in me, if I suggest that a more general recourse to *post-mortem* examination of the bodies of the insane in American asylums would prove that your institutions are contributive to the restoration of those sent to them, to as large an extent as possible; and it appears to me that no more satisfactory proof of this fact could be adduced than the demonstration by dissection, that the great majority of all your deaths arise from diseases universally regarded as incurable.

When, in asylum bills of mortality, we observe such terms as general exhaustion, marasmus, anemia, inanition, chronic mania, &c., &c., would it not be very interesting at the same time to know whether the patient was, or was not, free from destructive disease in any of the important organs of the economy? I have found that even a large proportion of chronic epileptics die of tubercular phthisis; and yet one might assign epilepsy of long duration, and of ultimate intensity, as a very plausible cause of death. Last year, an epileptic patient, whose residence in the Toronto Asylum had been

nearly 15 years, and whose epilepsy, I believe, had been from infancy, died of latent phthisis. Only by *post-mortem* examination could I have been led to a correct conclusion of the real cause of death. Not a single indication before death would have suggested the presence of the disease, or have led me to the employment of the stethoscope. Another died after nearly seventeen years residence. During life, clear indications of uterine disease were given, and we found this to exist: but the lungs were totally excavated by tubercular destruction. This patient also was exempt, until very shortly before death, from every indication of pulmonic trouble. A third patient, a man resident over seven years, showed in life indications of intense brain-disease; but *post-mortem* examination proved that the organ really diseased was the lungs.

The duration of latent phthisis in asylums, may, I think, date from admission of the patient; and we might go behind this period as far as the first indication of ill health, or of insanity, would carry us. There may be some who will allege that the disease is developed by asylum regimen, or asylum impurity. I do not think that the physicians of asylums, who alone are qualified to give an opinion on the subject, will be disposed to concur in the allegation. My own belief is, that the lives of such patients are considerably extended, and not curtailed, by asylum treatment and comfort.

The extent of tubercular destruction of the lungs, as well as the period of diseased action arrived at before death, varies considerably. In a majority, cavities filled with pus, often very fetid, are to be found in both lungs, or only in one. In some, no excavation has yet taken place, but very extensive tubercular condensation is found; but I have seen a number in which neither condensation nor excavation was present. In these, however, the entire extent of both lungs was studded with discrete tubercles, generally about the size, and of the color, of boiled grains of rice. How long these bodies may have remained in a germinal form, or at what rate they have been annually multiplied, until at last by their immense numbers they have come to intrude so largely on the respiratory process as to diminish seriously the oxygenating capacity of

the organs, and fatally to deteriorate the process of general nutrition, would be very interesting questions. I have seen similar conditions of the lungs, at an earlier period of tubercular development, in subjects cut off suddenly by violent death, or by intercurrent fatal diseases; and in one case, that of a half-breed Indian boy, of ten years, who died of scarlatina, the discrete tubercles were almost as large and as numerous as in some insane patients, examined by me, after death. The half-breeds in Canada, brought down from the Hudson Bay Company's stations, nearly all die between the ages of 16 and 25; and the brother of the boy referred to died, I believe, before reaching 20 years, of consumption.

What may be the structural condition of the insane who are fully restored to reason, and who therefore go from under our observation, and survive many years in fair health, we fortunately are unable with certainty to declare: but as regards the unfortunate class who continue insane for life, whether that be long or short, it is my conviction that in every instance an adequate physical antagonism exists, to which their incurability is ascribable. If we have the opportunity of watching them till the close of existence, and then may avail ourselves of the privilege of opening their bodies, it will be rare indeed that we shall not discover the morbid agency by which our remedial measures have been thwarted. When we lay open the thorax, and introduce the hand to grasp the lobe of the lungs, we may discover, in an instant, the important secret; and when we carry the scalpel through these organs, we unfold mysteries of disease, which, hitherto undetected, may have involved the case in deep obscurity. That these revelations in insane asylums are multitudinously within our reach, I am fully persuaded; and that in American asylums they would be discoverable to a far greater extent than the bills of mortality of annual reports indicate, I have no doubt.

Now if, on extended autopsical research, we should demonstrate that the incurable insane are very largely affected with incurable bodily disease, and if we are warranted in holding that all insane persons, so affected, are generally if not uni-

versally incurable, will it not follow that the prognosis of insanity must depend more on the presence or absence of formidable bodily disease, than upon any, or on all, other circumstances?

Were we, however, to accept at full declared value the circumstance of submission to early appropriate treatment, not only as we ourselves may have been wont to speak of it, in our own annual reports, but even as writers of high authority and deserved eminence have extolled its merits, we might be led to believe, that in order to double the number of our cures we would have but to secure the transmission to our institutions of every insane person, within a month, or two, or three, from the outset of insanity.

Do we forget that we all have uncured patients (and to our chagrin, but too many of them,) whom we received at a very early date? Do we flatter ourselves that many of those cases, which, detained at home, have passed into the chronic stage before coming under our care, would have been cured had they come to us in right time? Only when we have followed them to the dead-room, and there discovered that they were untainted with fatal bodily disease, can we stand in a position to declare the probability; and I very much doubt whether, after a series of years of persevering inquiry of this sort, we would not be disposed to estimate the value of our services much lower than we, otherwise, might be disposed to do.

Elevate our insane hospitals to as high a point of excellence as we may, and impress on the public mind as strongly as we should, the great importance of early subjection to asylum treatment, lapse of time will show, that not in high increase of the number of the cured will the result be traceable; but rather in the greater comfort and quietude, and the better habits, of the uncured. And surely an establishment that secures the latter blessings, is the very best for securing the former.

The restoration of the insane to reason and usefulness, is a great and good work; but it has been a work accomplished long before lunatic asylums were managed or constructed, as

they now are, in enlightened countries. The recovered insane may afford to forget much that is bad in asylums, where they were cured; but the uncured have an abiding interest in all that relates to improving benevolence, and Christian gentleness, in the direction of the houses in which their lives are to be spent. And the country which does not make the comfort and happiness of this class the highest object of asylum organization, falls short of its real duty; and who does not know that only under the kind administration of the modern lunatic asylum, can the happiness and well being of the insane be secured to the largest possible measure?

ON RECENT PSYCHOLOGICAL LITERATURE. By
J. PARIGOT, M. D., HASTINGS UPON HUDSON, N. Y.

ACCORDING to a mercantile opinion full of positiveness, which says that "certain books come only to market in proportion of a real demand," it appears we may congratulate the profession on occasion of the sale and profits made by booksellers who deal in works of psychology. In no period has the number of these been so great as it is now in Europe, and certainly there must be an increasing taste, or else some necessity, for studying what some persons call an abstruse science; since editors are well known to speculate very little in printing, or even copying such books.

From the dawn of philosophical inquiry to the present day the *r̄yōθη γεαντον* has always been the angular stone of science. But as in antiquity medicine was only a branch of wisdom, and since divinity and philosophy were associated with it as fundamental parts, one man could but with difficulty keep pace with their respective progress and extension. It must have been about the flourishing of the school of Empirics that the Socratical maxim was somewhat abandoned by physicians. During and after the Galenic and Chemical schools, philosophical investigation was completely lost sight of, and the celebrated Stahl, in spite of his erroneous theory

of *animism*, is certainly the first physician who, about a century and half ago, re-united the two branches, constituting them a complete and real unity, called the science of man. It has been a hundred times proved that to understand the moral and mental faculties, it is necessary to be acquainted with the structure and functions of every apparatus of organs of the human body. But the material part of our organism being known, as well as possible, why should physicians leave their work imperfect by neglecting the study of the human soul; which alone makes man superior to, and different from, the brute animated creation? It is evident that a physician who undertakes to treat a sick man should know, in case either of the sanity or insanity of the mind of his patient—for it makes no difference—the integrality of all the moral causes, whether subjective or objective, and also the sum of the physical causes, which may disturb the equilibrium of the two principles. In every common medical or surgical case, nay, as we see by consequences of victories or defeat of armies, both principles, although incommensurable to each other, are always acting and influencing each other. In the most terrible of maladies, insanity, their respective abnormal condition troubles their mode of union, that before permitted reason in their substratum, the human mind. Philosophers should therefore know more about medicine, and medical men much more about philosophy than they generally do. Seneca said: “*Nec philosophia sine virtute est, nec sine philosophia virtus.*” Can this axiom not be freely translated in favor of our proposition by, “No medical knowledge is complete without psychology, and, vice versa, no psychiatry can exist without profound therapeutical science.” In our time especially, when so many causes have given to moral agents a preponderance even in general pathology (for there is now hardly a case beyond their reach, especially owing to the preponderance of nervous and asthenic dispositions in the community,) the necessity of returning to the great questions of the origin and working of our faculties and passions is felt by every real lover of science. In proof of this fact, let us remark that most of the recent medical

works answer to the necessity felt by the public. The best recent treatises have been condensed (with great labor of their authors) from the voluminous annals of recent observations. They also generally bear the title of "manuals," "practical outlines," "principles," &c., and their aim is evidently to initiate practitioners in a department entirely neglected in the medical schools both of Europe and of America. We might perhaps say that these so-called elementary treatises are perhaps as useful to professed psychologists as to other physicians, because true science is still in its first period of development, and that, especially regarding its therapeutics, it must be confessed that very little has yet been done. Still, the fact of the great multiplicity of essays shows that the writers of all these books, who are generally men of the highest standing in the profession, must have been impressed with the necessity of lessening, if possible, the great number of chronic and irremediable cases, which arise daily from the total ignorance of the symptoms, not only of obscure diseases of the brain, but of the simpler forms, and of an early treatment of such infirmities. Thus, by a law of necessity, medical psychology, although speculative and abstruse in some of its facts, attracts every day more students, on account of its useful applications, and by a just reaction, the result of it is an increasing store of information of that difficult branch of medicine, the *neuroses of the intelligence*.

Excepting the well known and still much appreciated works of Pinel, Daquin, B. Rush, Chiarurgi, and later those of Heinroth, Prichard and Esquirol, few books have been generally accepted as classical ones. In English we possess but a few translations of French and German authors. If in this respect there is a deficiency, materials have been accumulated in an extraordinary amount in our special records. Books have been published here and in England equal in value to any that exist in psychological literature. Every contested point or interesting case has been either submitted to the criticism of the press, or to public debate in the associations of medical officers of asylums, and in medical academies. Journals of psychiatry have not only acted as faithful reporters of the

state of the science, but they have kept their readers in every country *au fait* with the discoveries made by such men as C. Bell, Müller, Magendie, Matteucci, Marshall Hall, Claude Bernard, and last not least, the American Brown-Sequard.

In the presence of these treatises and meritorious volumes, we may perhaps be permitted to express the wish that a Humboldt should rise amongst so many talented men to make a *Kosmos* with them all, and thus erect a complete monument; it would certainly be the most curious and useful work in our times. The description of the moral world with its grandeur, miseries and diseases, would lead to an instructive contrast with the beauties and harmonies of the physical world, as described by the forever celebrated Prussian philosopher. This is not an idle wish made for the advancement of science; the *savant* who would by a general synthesis show the relations existing between physiological and pathological psychology, will render us the greatest possible service, since it is the very link wanted to bear upon the rational therapeutics of insanity, and we believe it is not beyond the reach of a powerful mind.

Meanwhile, let us continue to acknowledge the value of observations made in a more limited field. We are glad to have to mention here the advantage derived from many intelligent writers who have, at least, laid down the chief landmarks in such an immense field, during what may be considered a period of transition to a more advanced state of psychiatry. No doubt much more would have been done if we had not found that all our attention was necessary first to ameliorate the material condition of the insane, who, some thirty or forty years ago, were completely abandoned and ill-treated. The necessity we are placed in to administer the economical part of asylums has had the bad effect to divide the attention of psychiatrists; and the proof of this is to be seen in their writings, which have been perhaps more applied to administration and architecture than to special therapeutics. This can not easily be amended, because the moral influence of an asylum medical officer on his patients

must be supported by the material direction and control of everything that touches or concerns the insane's interest.

Much has been said in favor of and against different medical theories which appeared with beginning of this century. Speaking of some of them, our aim is only to justify the point of view we take on the actual state of psychological literature. Three schools, the spiritualist, the somatic and eclectic, have divided the psychologists; and their principles correspond to several systems of philosophy which have been in favor during the same lapse of time. This could not have been otherwise; for, from the Greek schools to the modern philosophers of Germany and England, each doctrine has furnished arguments to medical theories. From the most exalted mysticism down to materialism and scepticism, all schemes have been tried and fostered under the reigning opinions. It may appear curious that so many different views could have existed amongst writers who have a definite object in their philosophical researches; namely, to adapt rational principles to facts, those of health and disease affecting the individual and social life. It may appear easy to agree with Feuchtersleben, who says, in his admirable little treatise on *Dietetics of the Soul*, that we ought only to confine ourselves to study the moral principles of the soul, acting specifically on the body. Whatever may be said and written against this opinion, we believe there can exist no experimental psychology without a metaphysical basis. Spirit and matter are two incommensurable entities, it is true; but their union in man is patent; therefore this union can not possibly be understood except in one way,—that *mind is the product of two factors, soul and life*,—and thus only the manifestation of a spiritual, pure, incommensurable principle, by organs which have but the attributes of matter. We say this in spite of recent theories, which pretend that no theory of mind and body can be established satisfactorily to our reason, and that metaphysics is a completely useless study for physicians. If the study of man, must, in our opinion, begin by the analysis of mind, facts present themselves to our observation which are as positive and undeniable as the most material accidents affecting our senses. Now, the

synthesis of all these data brings us necessarily to a cause, and here we must say with the poet, *Felix qui potuit rerum cognoscere causas!* for, a real synthesis of our faculties embraces our subjectivity in its *necessary relation* to the divinity.

The two great systems of antiquity, those of Plato and Epicurus, correspond nearly to those of spiritualism and materialism of our days; this last system claims that sensation is the foundation of all our faculties. Materialism considering only matter and its properties, ideology becomes then but a part of zoology, and to think is but to feel the relation between the perceptions. The great object of life, in that system, is to enjoy it the best we can; and its morality does not surpass utility. The consequences of such principles are easily to be guessed concerning insane persons, and our duties towards them are but little or nothing. But materialism does sometimes recognize another principle, that of divinity being only united in matter itself, when it is called pantheism. Now, such doctrine, pretending that the world is but a manifestation of God, not his creation, reduces psychology to fatalism: the negation of the spontaneity of the mind and its influence on the body admits of no real personality, which is lost in the mechanism of the universe. Leaving out the high reasons afforded by religious feelings, and considering only the laws of our moral nature, we may ask what becomes of our rights and duties in a system admitting no justice, neither a providence? Psychiatry proves, in our opinion, the error of pantheism, for insanity depriving man of the attribute of liberty, he loses the principles which have not the least relation with matter, the knowledge of God, and the practice of justice. Materialism and pantheism come to the same consequences towards insanity, which from this point of view is a mere disorganization of the human frame, which requires only physical treatment. Lately a few English and French authors have more or less followed principles which might be brought back to materialism or scepticism. First, it has been doubted whether it was necessary at all to have recourse to the analysis of mental faculties to inquire about the functional factor of the nervous

system. It appears curious to propose such a curtailed means of inquiry, when every body knows that beyond those myriads of nervous fibres of the brain, its cells, nucleoli, and neurine, beyond even the nerve-force so little known, nothing is left sensible to our limited means of material observation, and still there remains *something* which we may only follow and comprehend with the mind. Pure mental phenomena can only be seized by a power of an identical nature ! But some medical writers seem to think that intellectual functions, and the organs serving to their expression, might be compared and assimilated to those of our vegetative functions ; they appear to look for the possibility of an anatomical link between animal and spiritual life. At least this is what can be deduced from arguments such as the following ; for instance, that since it has been found that some bodily functions, which before had been considered as being under the influence and control of the will, are now found free from such bondage, and since an automatic centre exists for animal instincts and reflex motion, why should feelings, will, and perhaps *thought* itself, not be found depending upon a pre-arranged system of impulses lying in the ganglia of the cerebrum ? No doubt we should be nearer a solution if each mental function could be located in a part of the brain ; still, we do not see the possibility of avoiding some dogmatic arguments to explain the activity of our *ego*. The metaphysical certitude we possess could not, even then, be changed with advantage for a physical one, which can never itself be perfect. Who could make us believe that the immanent law of development, which, as it has been understood until now, rules over plasticity, would extend itself to reason and feelings by an *ascending tendency* of every atom of organized matter towards perfection ? No more could any observer and thinker believe the phenomena of thought to be the result of combinations and associations of primary ideas depending on certain laws of suggestion, and thus to be *unconscious* in its first stage : neither can it be admitted that volition should depend upon a rush of activity in a given nervous organization of our frame. In this most extraordinary system, our mind should

be the result of an *unconscious* principle, which, in its progression towards perfectibility, is changed into a *conscious one*. All this is but sophistical, for it is, under another form, to ask for the relation between soul, mind and body. These are, nevertheless, the philosophical consequences arrived at by the anatomical school of Paris, admitted, it appears, by some English authors, in their publications on psychology.

The German schools of philosophy, followed by several recent writers in psychology, although the greatest part of them professing pantheism, have not adopted such narrow views. Generally, they estimate that man possesses, if not the *innate ideas* of Descartes, at least subjective forms of intelligence, which can be considered as the power of forming abstract ideas. It is what they call the spirit (*Geist*.) It is certain that, if man possesses only two sorts of notions, namely, abstract and concrete, these two sources of ideas can not be isolated one from another in our conscience. By a natural law of the mind, we must employ them both at the same time; for, from facts and concrete subjects we conclude to ideal and theoretical notions, and after having conceived abstract ideas, by the same law we are obliged to give an objective form to ideal or pure subjective notions. Now, which of them is the first source we take our recourse to, it appears useless to dispute upon. Evidently two sorts of worlds do exist; the one is intellectual, and the other sensual. Man participating in both of them, or being the only link that exists between them, it is impossible to place him entirely and exclusively in one or the other. How then to admit that our thoughts could be under the immediate suggestions of matter—that our will has its sources in instincts? Between our free-will and reason, which belong without dispute to the immaterial world, and our instincts and our corporeal necessities, there is such distance that no theory will ever be able to unite them.

Regarding the school of spiritualism, which in psychiatry had for representatives the celebrated Heinroth, Ideler, Leuret, and in some respects the late celebrated Guislain, who admitted that insanity took its source in our *emotivity*, that school

has certainly gone too far when she has taught that insanity was a disease of the soul for which no medical treatment could avail, but only the so-called *moral treatment*—enforced by punishment, according to some psychopathists. In that system, insanity is considered as an excess of our sinful nature, which has deviated too much from its primitive purity; then, like the philosophical school in which chastisement and penance is the rule of human life, despotism its government, and mysticism its esthetics, the consequences were for lunatics (accused anciently of being possessed by the evil spirit,) the chains, dungeons, instruments of torture, which the last century has left us to execrate. I need not add, that Guislain recommended only gentle and effective means to soothe an excess of *emotivity*, but still believed that some moral suffering was beneficial in many cases.

If we are not mistaken, and if insanity is a disease of the *mind* only, it should be clear that pure spiritual insanity can no more exist than a corporeal or material insanity. Both are fictions, but the symptoms of a diseased mind must necessarily be moral and somatic at the same time. Who could pretend that the body, in its material conditions, has any similar properties to those we attribute to the soul? but as to the manifestation of the soul in the body, constituting the substratum of our moral principle, and which is the human mind, every one understands that it is subject to all diseases and conditions of life. Then the mind is not to be confounded with the soul, of immortal and unalterable condition, neither with the body and its organs, which are submitted to the laws of change and alteration. In a word, *soul* and *life* are the two factors of mind.

As the number of German works far exceeds that of any other country on psychiatry, it is perhaps necessary, before concluding this article, to mention the philosophical tendencies of some of their most celebrated philosophers.

First, the well known Em. Kant, although he swept the school that took for its dogma, "*nihil est in intellectu quod non prius fuerit in sensu*," and established the difference between sensation, perception and judgment, still he appears to have

given up the material world to fatality. It should be only a concatenation between cause and effect, acting under immutable laws. Notwithstanding some sort of exception for the soul, which, according to him, is not subject to universal necessity, he considered the laws of thought as being only forms of our sensibility. Upon this he established his categories of the human understanding, and its consequences were that the only reality of the thought in nature was the subject itself. He was the founder of idealism. Pushing further the same principles, Fichte made of the *ego* an infinite activity producing the universe; so that the body is only a phenomenon of the mind! Schelling pretended that all the laws of nature were to be found in the laws of our conscience; so that subjectivity and objectivity were identified in absolute idealism, or pure reason. At last, the celebrated Hegel would not admit absolute reason as an intellectual intuition, and concluded that the future harmony between the subjective and the objective elements, the *ego* and *non-ego*, will be the conquest of science alone in its ultimate result. But, according to a theory which appears to us more probable, and which was proposed by Krause, the criterion of truth is impossible in ourselves. We must receive it; for, subjective notions will always be different from reality, just as knowledge must remain distinct from its object. Then Krause has adopted the formula that "all is in God," and its consequences are, that the only metaphysical certitude is that of the Divinity, from which knowledge are derived our duties and rights. We need not attempt to separate between this formula and the pantheistic one that "all is God." Now, the object of our studies appears itself to give us light upon some of these metaphysical difficulties. It is easily understood that in the pure ideal world, there can not be a difference between thought and reality; but in our natural world, with our imperfect instruments of knowledge, we can only find a criterion of relative truth in philosophy. Thus it must be by the power of our reason, the sanity of our will and feelings—it must be by the sanity also of our perceptions, and in some measure by the conformity of opinion of the generality, that

we may judge, with certitude, from a conception to its reality. We know this not to be the case with the insane, who conclude from their sensations and thoughts to a reality which does not exist.

If we consider that our only greatness depends upon a reflection of the divinity in our soul, we can readily conclude that for this spiritual principle, there is but one necessity, *the aperception of God*, and that no material cause can injure it. But is it the same with our mind? This question we are going to examine.

Certainly the school of spiritualists has gone too far when it supposed that in insanity the soul could be diseased. Then, of course, there was no physical treatment possible; nothing but a moral treatment, which several physicians thought to consist in violence and punishment, could be adopted. We have not to consider the nature of spiritual error, but in that false system insanity is held as an excess of sinful disposition, which has too much deviated from its state of primitive purity. The consequences of these opinions are to be seen in a few old asylums for lunatics, where such means were employed. It is almost astonishing how much ingenuity was spent in diabolical inventions for torturing patients!

If we are not mistaken, insanity is only a disease of the mind; and if spiritual insanity does not exist, it can neither be a pure corporeal or material disease. What every psychopathist is certain of is, that the symptoms of insanity are of two kinds, mental and physical. Is it not then the manifestation of the soul that we observe in the phenomena of the human intelligence, and can the mind not be liable to diseases of its instruments? The pretension that the body in its material condition can give rise to similar phenomena as the soul, is unphilosophical. The mind, as a result of two factors, immaterial and material, can not also be confounded with the soul. A mental disease may originate in a defect of our mind, in sin or error, and in its turn, the body alone, without any moral or intellectual defect, by its own liability to disease, may affect the mind with insanity.

After these two schools, the Eclectic was formed, and its

base is rationalism. The two principles constituting man are recognized; the analysis of conscience, and at the same time psychological observation, are employed to recognize the mental symptoms of insanity, and conjointly are the physical or physiological symptoms of the body employed to ascertain the material disease.

As we have said, since about ten years many treatises on psychiatry have been published, all based on different ways of investigation, but whatever be their philosophical principles, their therapeutical part has shown how little we are advanced in the cure of those diseases. However, we may say that the general attention is now directed to that most important point, and the proof of it is found in the treatises of Feuchtersleben, Griesinger, Guislain, Leidesdorf, Morel, Flemming, Speilman, Sigonowitz, the very remarkable work of Bucknill and Tuke, and the quite recent ones of Dr. Heinrich Neuman and Dr. Erlenmeyer—works we intend to examine in a future communication.

ANNUAL MEETING OF THE ASSOCIATION OF
MEDICAL SUPERINTENDENTS OF AMERICAN
INSTITUTIONS FOR THE INSANE.

The Sixteenth Annual Meeting of the Association convened Tuesday morning, June 10th, at the City Hotel, Providence, R. I. The following members were present:

Dr. W. H. ROCKWELL, Vermont Asylum for the Insane, Brattleboro, Vt.

Dr. J. H. WORTHINGTON, Friends' Asylum for the Insane, Frankford, Philadelphia, Pa.

Dr. J. S. BUTLER, Retreat for the Insane, Hartford, Conn.

Dr. ISAAC RAY, Butler Hospital, Providence, R. I.

Dr. JOHN E. TYLER, McLean Asylum for the Insane, Somerville, Mass.

Dr. GEORGE C. S. CHOATE, State Lunatic Hospital, Tann-ton, Mass.

Dr. JOHN P. GRAY, New York State Lunatic Asylum, Utica, N. Y.

Dr. R. HILLS, Central Ohio Lunatic Asylum, Columbus, Ohio.

Dr. HENRY M. HARLOW, Maine Insane Asylum, Augusta, Maine.

Dr. MERRICK BEMIS, State Lunatic Hospital, Worcester, Mass.

Dr. JOSEPH A. REED, Western Pennsylvania Hospital for the Insane, Pittsburg, Pa.

Dr. OLIVER M. LANGDON, Longview Asylum, Cincinnati, Ohio.

Dr. E. H. VAN DEUSEN, Michigan Asylum for the Insane, Kalamazoo, Mich.

Dr. ANDREW FISHER, Malden Lunatic Asylum, Canada West.

Dr. H. A. BUTTOLPH, New Jersey State Lunatic Asylum, Trenton, N. J.

Dr. JOHN CURWEN, Pennsylvania State Lunatic Asylum, Harrisburg, Pa.

Dr. JOSEPH WORKMAN, Provincial Lunatic Asylum, Canada West.

Dr. J. P. BANCROFT, New Hampshire Asylum for the Insane, Concord, N. H.

Dr. J. H. WOODBURN, Indiana Hospital for the Insane, Indianapolis, Ind.

Dr. EDWARD JAKVIS, Private Asylum, Dorchester, Mass.

Dr. E. R. Chapin, Kings County Asylum, Flatbush, N. Y.

The Convention was called to order at 10 o'clock, by the Secretary, Dr. John Curwen, of Pennsylvania.

In the absence of the President, Dr. Andrew McFarland, of Illinois, Dr. W. H. ROCKWELL, of Brattleboro, Vt., was chosen President, *pro tem.*

The Secretary read the minutes of the Fifteenth Annual Meeting held in Philadelphia, in 1860, and also a record in reference to the postponement of the meeting appointed for last year, "on account of the excited state of the public mind caused by the violent efforts to overthrow the established government." Both the above were approved and accepted as the records of the Association.

The Secretary read a letter from Dr. W. S. Chipley, of the Eastern Lunatic Asylum, Lexington, Ky., stating the reason of his absence from the Convention, his attendance being required upon the wounded of the army of the Southwest.

The Secretary also read a letter from Dr. Andrew McFarland, of the Illinois State Hospital for the Insane, at Jacksonville, Ill., stating that the late battles in the Southwest, a large number of the wounded being from his own State, made it impossible for him to be absent from home. Dr. McFarland also resigned his office as President of the Association.

Dr. Ray, of Providence, then moved that the President appoint a committee to nominate officers of the Association. That committee consisted of Drs. John E. Tyler, of Mass., John P. Gray, of New York, and R. Hills, of Ohio.

The committee rendered its report, which was adopted, and the following elections accordingly were made :

President.—Dr. T. S. Kirkbride, of Philadelphia, Penn.

Vice President.—Dr. John S. Butler, of Hartford, Conn.

Treasurer.—Dr. O. M. Langdon, of Cincinnati, Ohio.

The following committees were appointed by the President :

On Business.—Drs. I. Ray, J. S. Butler, J. H. Worthington.

On Resolutions.—Drs. G. C. S. Choate, John P. Gray, A. Fisher.

On the Place of the next Meeting.—Drs. M. Bemis, E. H. Van Dusen, J. A. Reed.

Dr. John E. Tyler presented a series of resolutions in relation to the decease of Dr. Luther V. Bell, a former President of the Association, who had died since the last meeting.

Dr. Tyler said :

It is my painful duty to announce to you an event now chronicled in the sad history of the last year, which is of deep and mournful interest to the members of this Association—the death of Dr. Luther V. Bell, a painful duty indeed, and yet a grateful one, if by anything I could say or do I might measurably signify my unbounded sense of that great and good man's worth, and the reverence and affection with which I and those with whom I daily meet cherish his memory. But any words of mine in eulogy of his character would come so utterly short of what I would say and of what ought to be said of him here, that I am forced to silence, knowing that these resolutions which I beg leave to offer will meet with your most respectful consideration, and call forth a becoming tribute to his memory.

Resolved, That the members of this Association have received with emotions of profound sorrow and regret the announcement of the death of Dr. Luther V. Bell, a past President of this body, and one of the most eminent and distinguished of the many great men who have ever adorned the medical profession ; that we desire to place upon record our full and grateful appreciation of his able and unwearied efforts and success in diffusing and establishing correct and enlightened

views of the nature and treatment of mental disease; that we are deeply impressed with the remembrance of the disinterestedness, kindness, dignity and purity of his character; of his inflexible integrity and singular moral courage: of his extraordinary attainments as a scholar, a philosopher and psychologist; his rare and remarkable attractiveness in social life; the wonderful power and purity of his personal influence, and his inestimable worth as a friend and associate.

That we recognize with unqualified admiration in all the acts of his private, professional and public life, the same striking consistency and faithfulness to his convictions of right in the face of any personal task or sacrifice, which led him in the exigencies of the day to give his life to his country, and made him a brilliant example to us all of pure, ardent, Christian patriotism.

Resolved, That the Secretary communicate to the family of Dr. Bell these resolutions, with the respectful sympathy of the Association.

Drs. Butler and Ray made some eulogistic remarks upon Dr. Bell, with whom they had for many years been intimately associated in friendly and professional relations. The resolutions were then adopted.

Dr. Ray read an elaborate biographical sketch of Dr. Bell, which was not concluded at the close of the morning session. At twelve, the Association adjourned, to meet at eight o'clock in the evening.

After the adjournment, the members of the Association, under the guidance of Dr. Ray, visited the American Screw Company's Works, and the Machine Shops, and returned to the City Hotel to dinner. In the afternoon the Association visited, by invitation from President Sears, Brown University, its library and museum; also, the Providence Reform School, by invitation of the Trustees of that Institution, and the Cabinet of the Rhode Island Historical Society, and the Providence Athenaeum, by invitation of the officers of the same. The Association also visited the residence of Alexander Duncan, Esq., where they were hospitably entertained.

TUESDAY EVENING.

The Association was called to order at 8 o'clock, by Dr. Butler, Vice President.

Dr. Ray resumed and concluded the reading of his memoir of Dr. Bell, after which the Association adjourned until the following morning, at 9 o'clock.

After the adjournment, the members spent the remainder of the evening socially at the residence of Dr. Mauran, of Providence.

The following is an abstract of Dr. Ray's Memoir :

In the discourse of Dr. Ray, the life and character of Dr. Bell were considered in a spirit of warm but discriminating eulogy. He narrated the principal events in his career, and described his achievements in various spheres of professional labor. Among the latter, particular notice was given to his improvements in the architectural arrangements of hospitals, and his efforts to introduce the English methods of warming and ventilation into our country. As the Superintendent of a hospital for the insane—that relation in which he performed the greatest service of his life—he was characterized by the qualities best calculated to ensure success. He was firm and gentle, courteous to all, of a pleasing and dignified demeanor, with an extent and variety of knowledge, and a happy faculty of expressing it, which always rendered him agreeable to his patients, and a certain command of intellect which gained the confidence of his patients' friends. He expected but little from drugs, for the reason that he was not satisfied with the proof of their efficacy. He thought that in mental, as well as, to a great degree, in bodily ailments, we must chiefly operate directly on the mind, and thus he was induced to favor all those means and appliances which make an agreeable and salutary impression on the mind. To develop to its utmost power of adaptation this *moral treatment* of insanity, he regarded as the highest duty of the physician.

As a medical expert in judicial investigations of doubtful mental conditions, he performed an amount of service unparalleled in this country, if in any other. For twenty-five years,

his opinion was taken in every considerable case of this kind occurring in Massachusetts, and in many out of that State. In this capacity he was a model for imitation, for no man, probably, more successfully avoided the embarrassments incident to the expert, and secured the confidence of the court and jury. This he was enabled to do by the fullness of his knowledge, by the quickness of his discernment, by the honesty and sincerity with which he performed his duty, and an unfailing tact which led him always to say the right thing in the right place.

As a politician he was above the arts of party, and sought for office solely as a means of making himself more useful—manifesting the same disposition to improvement, the same devotion to the cause of humanity, which characterised his labors in every other field of effort. He knew no party ties when his torn and distracted country required the help of all her sons and daughters, and leaving every thing behind, he offered the feeble remnant of his life to her service.

His intellect was keen and comprehensive. He readily discerned the essential conditions of a question, stripped of all the glare and glitter of sophistry. He had no taste for mere speculation, and as little for those plausible and shallow devices of ingenious men which pass in the world for true science. He had no patience with mere prescription, and he never hesitated to doubt or deny, where the proof was defective. Thus, he gave but little medicine in the treatment of insanity, simply because, in his opinion, the proof of its efficacy was insufficient. He was always fond of mechanics, and in early life he devoted much attention to mechanical invention. One of the fruits of this taste was a machine for spinning flax, which, however, from some unexplained reason, never came into use. He also made great progress in an enterprise, afterwards perfected by Morse—that of using electro-magnetism for the conveyance of messages. He always claimed the original invention of the magnetic telegraph, and once memorialized Congress on the subject.

The moral endowments of Dr. Bell were of the highest order, and secured for him the admiration of his friends, and

the respect of all who knew him. Seldom have the graces of humanity been so largely displayed as in him, yet without pretension or affectation. No mark of meanness, or duplicity, or guile, could be found on the spotless record of his life. As he lived, so he died—quietly, serenely, with unwavering patience and resignation.

We have indicated very briefly the principal points in Dr. Ray's discourse, which, we understand, will be published.

WEDNESDAY MORNING.

The Association met at 9 o'clock, Dr. Butler in the Chair.

On motion of Dr. Buttolph, the thanks of the Association were presented to Dr. Ray, for his admirable Memoir of Dr. Bell.

Dr. Joseph Workman read a paper on *Latent Phthisis in the Insane*, which appears in this number of the JOURNAL. This paper gave rise to an extended and interesting discussion.

Dr. Rockwell fully agreed with the essayist in his conclusions, especially in regard to the importance of *post-mortem* examinations, but said that public sentiment in most places would not permit the practice to the extent recorded by Dr. Workman. He was quite sure of this as to his own locality.

Dr. Fisher, of Canada, considered the paper one of deep interest. He had been in the habit of making frequent *post-mortem* examinations, and, with the permission of the Association, would read his notes of a few cases, as a sequel to the paper of Dr. Workman. These notes he intended originally to present as a paper, but as some of the cases recorded were cases of paralysis, he would only read those relating to phthisis, as having a bearing upon the present discussion:

Wm. M., æt. 38, single, and a laborer, was admitted at the Provincial Lunatic Asylum, on the 22d December, 1852.

While in the Asylum he was quiet and inoffensive, but idle and obstinate. He seldom conversed, and always shrank away, as if fearful, when any person approached him. Shortly after the transference to Malden in 1859, he manifested symptoms of phthisis. W. M. had for many years been troubled

with painful rheumatic swellings of the ankle joints. Early in 1860 these swellings became aggravated, and took on a decidedly scrofulous character. He died on the 7th of August, 1860, after suffering the most excruciating pains from the diseased ankle joints.

The *post-mortem* was made 18 hours after death. Extensive deposits of tubercular matter had taken place in the lungs, and several large cavities existed in them. Numerous miliary tubercles were observed on the peritoneum. The liver was atrophied and of a yellowish color.

The articulations of the astragoloid bones were completely destroyed by scrofulous diseases of the synovial membrane, while the bones themselves were denuded of periosteum, and greatly honey-combed.

O. P., aged 27 years, admitted on 10th April, 1862. He was subject to frequent and severe apoplectic seizures. Memory had become quite defective. He was almost unable to walk, and had partially lost the control of the sphincters. As is usual with patients of this class, he had a voracious appetite and was much given to obesity. He died of apoplexy, on the 7th March, 1861.

The bones of the skull were of the natural consistence. Diploe turgid with venous blood; and a large quantity of very dark venous blood exuded when the head was opened. The meninges were thickened and highly vascular. The substance of the brain was much softened, and the cineritious matter was thin and wasted. The puncta vasculosa were numerous and prominent. The thoracic and abdominal viscerae were somewhat softened, but were otherwise healthy, and shrouded with adipose tissue.

R. L., married, a tailor, 53 years of age, was admitted as a patient of the Asylum at Toronto, January 3d, 1859, and was transferred to Malden on the 17th December, in the same year. He was quiet and harmless, and worked well at his trade, until the Spring of 1861. His lungs were delicate, and he frequently became apparently incensed at them, hissing and blowing as if angry at the inability to inhale sufficient air.

In the Spring of 1861, a troublesome cough, with ugly pleuritic pains, supervened. He spat up large quantities of dark tubercular matter, lost flesh rapidly, and finally expired on the 28th July, 1861.

Abnormal depressions existed at each fontanelle, and along the sutures approaching them. The meninges, particularly the pia-mater, were thickened and opaque. Large deposits of serum had taken place between the pia-mater and the brain, and in the ventricles. An ulcer of the size of a five-cent piece was observed on the under surface of the left cerebral lobe, over the petrous portion of the temporal bone—gray and white substance in due proportion to each other, and of natural consistence. The lungs were glued to the sides by plueritic adhesions, and studded with tubercles and cavities. Liver atrophied and mottled. Spleen rotten and dark, as if a mass of half decomposed tubercular matter, with two cartilaginous bodies, the size of peas, on its lower surface.

M. McC., aged 36, single, and a farmer, was admitted as a patient on the 29th June, 1847. During his asylum residence he was ordinarily quiet, talked but little, and was quite morose in his disposition. His time was mostly spent in light work around the kitchen, farm-yard and stables. He moved about slowly and stiffly. A cutanequs eruption frequently broke out on his legs, which soon healed by a few days' rest in bed, and the administration of a mild alterative purgative. About the middle of last April, M. McC. was placed in bed in consequence of sore legs. In a couple of weeks the legs were healed; but symptoms of pneumonia were suddenly developed, and neither treatment or care seemed to have the slightest effect in retarding its progress. I at first thought the inflammation of the lungs was due to the retrocession of the cutaneous eruption, but the *post-mortem* on the 5th May, 1862, showed the error of this opinion. The cranial bones contained but a small quantity of diploe. The meninges were thickened and opaque. The cerebrum was remarkable for the scantiness of its gray matter, the sulci being few and shallow, while the white matter was abundant. The cerebellum was small, and highly vascular, and the cineritious and

medullary substances were in due proportion to each other. The lower lobes of both lungs were nearly hepatized, and slight pleuritic adhesions had taken place. Small ossific deposits were found on the aortic valves. Liver atrophied and yellow. A highly interesting structural change had taken place in the kidneys—all that remained of them being their lining membranes, and a small portion of the medullary substance. The pelves and infundibula were enlarged and full of fluid. In place of the cortical substance there was a thin layer of unhealthy adipose tissue of a deep yellow color. The supra-renal capsules were hypertrophied, and filled with a calcareous deposit. The disease of the kidneys was not detected during life, and consequently the urine was not tested.

R. L., aged 23, single, and a laborer, was admitted on 15th August, 1857. He seldom spoke, and was filthy in his habits. He possessed a feeble frame, with a serofulous cachexia. He expectorated freely, and had frequent attacks of colliquative diarrhea. He died early in May.

The meninges showed traces of inflammatory action, and were firmly adherent to the cranial surface and to the brain along the sinuses. The cineritious and medullary matter were in due proportion, and of natural consistence. The ventricles were quite dry, and the choroid plexuses were atrophied. Strong pleuritic adhesions were found in the chest. Numerous cavities existed in the upper lobes of the lungs, and the lower lobes were nearly solidified by miliary tubercles. The latter were also found in great abundance in the mesentery and omentum. The mucous membrane of the small intestines was dark and softened.

Dr. Worthington remarked, that the proportion of deaths from tubercular disease, stated by Dr. Workman in his paper, appeared large. He was certain that nothing like that proportion were thus affected among those who died while under his care. When he found a patient in declining health, and was not able to discover any apparent symptoms to account for his condition, he was in the habit of making a physical examination of the chest. He thought if there was tubercu-

lar, or any other extensive disease of the chest, that careful physical exploration would detect it. He had in this way frequently discovered the presence of pneumonia, previously unsuspected, and indicated neither by cough, pain nor expectoration. He did not wish by these remarks to disparage *post-mortem* examinations. To account for the greater prevalence of phthisis in some institutions over others, various causes might contribute, such as deficient nutrition, severity of climate, etc.

Dr. Tyler had listened with interest to the paper of Dr. Workman, especially in respect to incurable patients. He thought that perhaps there was a tendency in the community to estimate the benefits conferred by asylum treatment solely by the number of patients cured. It would be well for the profession to call attention to the superior comfort which so many are made to enjoy, who can never recover, and to the entirely different aspect of the lives of this class when under the judicious care of an asylum, and when left simply to the management of their friends.

Dr. Choate said :

I agree entirely with the views expressed by Dr. Workman as to the great value and importance of *post-mortem* examinations; but in practice I have found the same difficulties in the way, which have been alluded to by Dr. Rockwell. Public sentiment in our community is opposed to it, and particularly opposed to it, I think, in public institutions. But there is still another difficulty, even when the friends of deceased patients do not object. The family and friends usually live at some distance, and of course, before an autopsy is performed, they must be notified and their consent obtained. By the time this is accomplished it is too late. Friends usually send immediately for the remains upon being notified of the death. These two causes prevent a systematic following out of the practice adopted by the writer of the paper.

Dr. Workman, however, is doing a great service to the profession, I think, by pursuing this branch of scientific knowledge so thoroughly, as he has for several years past. I quite

agree with him, that such a course is likely to discover a much larger number of cases of death from phthisis than appear in our annual statistics. The diagnosis of disease in the insane, and particularly in the demented, who are the most frequent subjects of phthisis, is so difficult, that any of us, I think, are excusable for overlooking a portion of the cases.

The disease is so masked by the peculiar mental condition, and the rational symptoms are often so entirely absent, that our attention is not attracted to the true seat of disease till near the close of life, if at all. It is true, as has been stated by Dr. Worthington, that the physical symptoms ought always to be present, and that a careful examination would reveal them, but as we have no reason to suspect the existence of the disease, we often do not think to make the exploration necessary.

Dr. Bemis said :

I agree entirely with the views expressed in the paper read by Dr. Workman, relating to the value of *post-mortem* examinations, and pretty nearly with the results of his investigations in regard to the great number of cases of phthisis. It has been our habit in the Hospital at Worcester, to make *post-mortem* examinations whenever we could get permission from the friends to do so. And it will be remembered that in some of our reports the results of all the *post-mortem* examinations made in the course of the year have been published. It is often difficult, and sometimes almost impossible, to get permission to make *post-mortem* examinations, and sometimes impracticable even when desirable.

In some of our annual reports no mention is made of *post-mortem* examinations, because no more than two or three cases have been examined during the year, and the result of these, not being important, they have not been published.

Dr. W. in his paper quotes from the tables of the Hospital at Worcester. So far as relates to the statistics at Worcester, I may say this, which will explain to a certain degree, the matter as relates to us. Patients who are afflicted with incur-

able physical disease, and who have become calm and quiet, are often removed from the hospital to their homes, the friends preferring to have the insane members of their families die at home, if they can comfortably and decently take care of them in their last sickness. So that if those who are removed from the Hospital while suffering from phthisis were left to die in the Hospital, our percentage of deaths from consumption would be largely increased.

We have had during the last two or three months four cases of pulmonary disease developed in the Hospital. In one, a female who had been long insane, a person of excitable, uneasy, uncomfortable disposition, generally noisy, vicious, and unable to perform any labor or submit to any discipline, the excitement suddenly abated; all at once she became calm, quiet and depressed, and without any of the ordinary symptoms of phthisis, she suddenly became pale, emaciated, and soon died. She was a Catholic, belonging to a respectable family, and was removed at once for burial. No examination was allowed.

The other three cases now in my mind were developed a little later in the season, when our patients could more comfortably be out of doors, wandering about the grounds, and the disease is somewhat staid in its progress. The patients are easily controlled and can be made comfortable with only ordinary care, and as the friends ascertain these facts, the patients will be removed to their homes. In none of these cases were the ordinary symptoms of phthisis present. In one only was there any cough.

The fact of the removal from the Hospital of a proportion of those patients, during the progress of pulmonary disease, sufficiently explains any disparity existing between the statistical tables of Worcester and those at Toronto.

I also concur with Dr. W. in regard to the importance and necessity of directing our attention to the welfare of those who are to remain incurable; and of making the condition of the hospital such as will render them perfectly comfortable, and surround them with the refinements of civilized life. It

seems to me that a large part of the good we can do, must be done in this direction.

Dr. Harlow had been interested in the paper of Dr. Worthington, and also in the remarks of the gentleman who had just spoken. All cases of insanity he considered as the result of physical disease of some form. In tracing the history of cases, he had been in the habit of asking the question, whether or not there was pulmonary disease in the family or in the individual. He was confident that insanity often had its primary seat in the lungs.

Dr. Bancroft said :

Of late we have been making an effort to have *post-mortem* examinations more frequently than formerly. And so far as we have been able to do so, I am prepared to believe, that you will find disease of the lungs to be present in more instances than would have been suggested by the symptoms before death. Although I have no doubt that by attending to physical signs before death, the disease of the lungs might be discovered.

If I understood Dr. Workman's paper, it suggests the inquiry whether the incurability of insanity is not, to a considerable extent, dependent upon the existence of incurable bodily diseases. And in that connection another inquiry was suggested to me. It is this: How far these very diseases, or especially the tubercular diseases (the deposition of tubercular matter in the lungs,) may not themselves have originated in that state of the nervous force, consequent upon the cerebral disorder which produced the insanity. I suppose it to be true, that in the state of the nervous system or brain which exists in connection with chronic insanity, there is very great depression of the vital force. We see, at any rate, that, even where there is no reason to suspect tubercular disease, there is a marked loss of vigor in the capillary circulation, and the question is forcibly suggested by the fact, whether the tubercular deposit does not originate in this deficient vitality, which is too feeble to insure perfect organization. I merely throw out the question as proper to be considered here.

I would remark, also, that I attach great importance to the suggestions made by Dr. Tyler as to the attention which ought to be given in asylums to those who can not be cured. My attention has of late been painfully called to that subject by cases that have occurred in our hospital, where patients, incurable and harmless, and at the same time, not in fit condition to be properly cared for, or to enjoy the comforts of life in a private family or alms-house, have been removed. This has been more frequent since the existence of the present financial disturbance. In presenting the question of removal of these patients, the prominent inquiry is, "Can you cure them? If you can not, we propose to remove them from the asylum, as we can thus very much reduce the expense of their support. If there was a prospect of recovery from their remaining, we should desire them to remain."

This view of the question is so often presented as to arrest my attention.

We are obliged to confess that we have no reasonable expectation of curing these cases. On presenting this other view of the case—that we can make their lives vastly more desirable at the asylum than they can be made elsewhere, and that there they get many more comforts and benefits in proportion to the expense than elsewhere, I have regretted to find that this fact has had very little influence in the decision arrived at. When once the opinion that the case will not recover is given, it seems to be thought that food and drink is sufficient, and that hospital care and privileges are a useless expense. It seems to me to be one of our important duties, on every suitable occasion, to call attention to this serious error, and to illustrate to them what the asylum can do over and above what can be done in alms-houses or private families, for a class of persons so deserving of sympathy.

Question by Dr. Tyler. Is the inquiry to which you allude, made by friends of the patients, or by the selectmen of towns?

Dr. B. It is made by both, though more frequently by the latter.

Dr. Ray said :

I am very glad that Dr. Workman has called attention to some points in our specialty which seem to me not to have been considered so often and so seriously as they deserve. I suspect with him and others, that the number of deaths in our hospitals from pulmonary disease is larger than we should suppose from the statistics. I judge so from my own observation and experience—not so much from the numerous autopsies I have made as from other circumstances. And in fact, in the nature of things it must be that a very large proportion of our deaths should be from pulmonary disease. We know this fact at least, that one-fifth of all deaths arise from this cause, and it is fair to infer from that, that a very large number of our invalids have pulmonary disease—it certainly, to go a step further, would not be a very strange complication, if very many persons with pulmonary complaints should be found among the number of our insane.

Upon the known and well established principle, that insanity masks the manifestations of other diseases, it is not strange that we may have active disease in the lungs without the ordinary symptoms. Maniacal excitement may seem to be the only thing present until within a few days of the death of the patient, when we for the first time begin to suspect pulmonary trouble. It would not be strange if sometimes it should be masked altogether, even to the very last moment, and the patient die and be buried without our having the slightest idea of the existence of pulmonary complaint, and the case be published as one dying of marasmus, exhaustion, or anything but the true cause.

I was not aware before, that there was so much difference between the amount of pulmonary disease in the two sexes as Dr. Workman states, and I am unable to account for it. I should still wish that the fact might be based on better grounds than we have for many of the statistical results on these subjects.

This observation may lead to some general reflections which it would be well to take to our minds in a little more practical manner than we have heretofore done. I don't

see how we can put forth as facts, of any statistical importance, the apparent causes of death. It is the custom, you know, and the laws of some of the States require it, to publish in the reports of the institutions the cause of death. Now, every body knows, that in many cases this must be a matter of guess-work. When we consider how often we may be deceived under ordinary circumstances, we must admit that we are still more liable to be deceived when the disease is masked by insanity. I should have far less confidence in the guess of any man in regard to the cause of death in an insane person, than in one not insane.

At first, I followed the general practice of reporting what seemed to be the causes of death. I found that I was obliged to guess at them so often, I became convinced that the thing would be of no statistical value, and feared I was not accomplishing any good, but positive harm by misleading others. I could not discriminate between the cases which had, and those which had not, been examined after death. We know how seldom we can make *post-mortem* examinations. The difficulty is in obtaining the consent of friends—they are at a distance, and as soon as they learn of the decease they make their appearance, and claim the body. My experience has been very different from that of most of the gentlemen in regard to public sentiment on the subject of autopsies. When I went into private practice, I started with the determination of examining every case of death, and for fifteen years I can hardly recall one where I was refused permission. On the contrary, I was often pressed to do it, when I thought there was no sufficient reason. But I have felt more and more every year of my life, how little we can depend on mere external manifestations in assigning the cause of death. Sometimes people die apparently for no other reason than because their time has come.

Not long since, a woman whom we had had in the institution for years, was, one morning, after breakfast, sitting in her chair in her accustomed place; suddenly she rolled on to the floor, was put into bed, and was gone. What should we be likely to say as to the cause of her death? I suppose that

one would say, it was disease of the heart; another, whose attention had been more given to the brain, would say it was congestion of the brain; another, perhaps, congestion of the lungs. I examined that woman's body; explored it thoroughly, head, chest, abdomen, throughout, with all the skill of which I am master, and I could not lay my finger on a single pathological appearance. The brain was to all appearance in a perfectly normal condition. I do not know what the microscope might have revealed. If I had said she had died of disease of the heart, or brain, or lungs, it would have been a falsehood. Yet it would have appeared in print, given rise to wrong conceptions, been used as a basis of pathological inference, and a source of error.

There is unquestionably more pathological disturbance in the insanity of our time than in that of a former period. A greater number of our patients are laboring under physical ailments, which complicate very much the question of their recovery. And this should put us very much on our guard how we give a prognosis without a sufficient examination of all the organs. The time was, when the doctor had only to ask, how long has the man been insane, and if it had been but a few weeks, to say, "He will probably get well." We know that thirty years ago, Dr. Woodward sent out ninety per cent. recovered, and Dr. Cutter did something like it. Why should the number of recoveries at Bethlehem and St. Luke's have been as large 80 years ago as now, after all their improvements? I can attribute it to nothing but this—the more prevalent vitiation of the physical constitution of man, which must necessarily oblige us to give a more unfavorable prognosis than our forefathers did. In the New England hospitals, especially, all know that a much larger proportion of sallow, emaciated, broken-down cases appear now than formerly.

As incidental to the present discussion, I think it would be a very desirable thing to have (and yet we are no nearer having it than we were long ago) the actual proportion of recoveries in recent cases. Do we know any better now than ever, how large is the average of cases cured? This obscu-

rity may be owing to the complications with physical disease. The patient, accidentally perhaps, gets better of his cerebral disorder, and to this succeeds pulmonary disease. He feels pretty comfortable, is taken home, and the result is unknown. The other day a patient was taken from my institution of that description. The case began with pulmonary disease, which, finally, was transferred to the head, producing so much excitement as to render the patient uncomfortable at home. She was sent to us; the excitement abated, and the pulmonary disease took its place. The patient went home as rational as ever, but is now dying of consumption.

Whether the translation of disease from one organ to another takes place so often or so rapidly as in this, is, so far as we know, accidental. If the cerebral excitement had continued in this case to the last, and the patient had died, had we not been perfectly acquainted with the anterior circumstances we should have called it maniacal excitement, exhaustion, anything but pulmonary disease. The patient gets rational, goes off, and that diminishes the deaths from pulmonary disease.

Dr. Langdon remarked that the proportion of deaths by consumption in insane persons stated by Dr. Workman, was in accordance with his own experience; that he had made *post-mortem* examinations in almost every case of death in his institution, and had discovered pulmonary disease in four cases out of five, and that where he had never suspected its existence. He had reproached himself with carelessness and neglect in not having discovered this state of things during the patient's life. There being no cough or expectoration, his attention had not been called to the condition of the lungs.

The difficulty of obtaining permission to make *post-mortem* examinations, spoken of by other gentlemen, he had not met with. He was in the habit of making an examination without asking permission of friends; that, in fact, the greater part of his patients were paupers, whose friends were unknown to him. In a few cases he had asked permission, and it had been readily granted, the friends themselves wishing to know the cause of death.

Dr. Gray said, that he considered the paper read by Dr. Workman to be one of much professional importance; and that the subject had been already so fully discussed that he had but little to add.

The majority of the cases mentioned by Dr. Workman were of long standing, many of them cases of dementia, in which it would seem that the pulmonary disease was the final disorder terminating life, but not necessarily long existent, or the cause of the mental disease. He alluded to this, not to dispute Dr. Workman's conclusions as to the great prevalence of tubercular disease among the insane, but he would say, that in the institution at Utica many of this class of patients are removed from observation as soon as they are known to be incurable, and cared for in the receptacles for the insane connected with the various poor-houses throughout the State. The majority of these patients, thus removed, are in good general health, having been well nourished and properly cared for. In this condition there is no reason to suspect in them tubercular or other disease, but afterwards, poor diet and want of suitable provisions for comfort or cleanliness, rapidly impair the health, reducing the vigor of the constitution. That tubercularization should soon occur, is not then surprising. He was well aware that many died soon after reaching the poor-houses. If the institution at Utica was strictly an asylum, as that at Toronto under Dr. Workman, instead of a hospital for the curable mainly, its experience might more nearly tend to establish the views entertained by him. He agreed with Dr. Workman, fully, on the importance of *post-mortem* examinations, and only regretted that he was unable to follow his practice in this respect.

He desired to say one word in regard to the question of statistics of mortality, alluded to in the discussion. He was well aware of the difficulty of assigning the cause of death in many persons who die insane, especially those whose deaths are sudden, as mentioned by Dr. Ray. However, if the law requires such statistics, it is necessary, as nearly as may be, to conform to it. To avoid, as far as possible, any obscurity

on the subject, whatever facts were known, in connection with the table of mortality, were published in detail, that the profession and public might judge for themselves. He had seen several cases of sudden death, such as those described by Dr. Ray, and some of these, for want of a better term, have been called cases of death from syncope. *Post-mortem* examinations in some cases have not afforded satisfactory evidence of the cause of death, while in others they have fully revealed it. Such examinations, and the facts connected with them, have been reported. He apprehended that Dr. Ray would not advise that in these obscure cases, a record should not be made in the case-book. His course had been to transcribe these general facts from the case-book to the annual report, as before stated, and thus allow the profession and public authorities to form their own opinion.

Dr. Workman said :

I am very much gratified by the remarks elicited by the paper I have read. My object in presenting the paper was to elicit information rather than to communicate it. I do not suppose that Dr. Worthington arrogates to himself any superior diagnostic accuracy, nor will I say that I should be unable, with my attention directed to the explanation of the case, with equal accuracy, to detect the presence of phthisis. It has happened, more than once, that a patient has died where I have not suspected that there was any special organic lesion. He may have been going on in a gentle way, gliding out of existence, and no change, or at least no particular symptoms, appear, taking his meals with regularity, and wasting imperceptibly from day to day. Among the cases in my last year's experience, was that of a patient who came to me very much emaciated, having lain in bed for five years, in all of which time there had been no observable change whatever. She was in the same condition just before death. Had I explored the chest with a stethoscope, I should have detected, it is said, the presence of lung disease. I do not wish to trouble patients too much with explorations. It is annoying, and some would resist it. In a very considerable number we tried to do so,

and only aggravated their sufferings, offended their sensibilities, and were often liable to fall into errors. We may fail to diagnose phthisis where it is present; and from the negations by which it is characterised we may make an error by believing that it is present where it is not. A German woman, from whom I could obtain no information, as she could not speak our language, had paroxysms of a peculiar self-punitive tendency, so that it was necessary to restrain her. When she died, I said it was latent phthisis. The *post-mortem* disappointed me. There was indeed a little tubercular tendency, a spot or two, but the function of the lungs was as good as ever. What I found was fatty degeneration of the heart, of which there was no symptom to lead me to diagnose.

The field is an advantageous one for accuracy, and I am satisfied that he who bestows considerable attention upon each case is not likely to fall into these errors.

There are other cases as remarkable. Those cited in the JOURNAL OF INSANITY, by Dr. Gray and myself, of fracture of the ribs, sternum, etc., may be instanced. As we have been awakened to an increased interest, we shall have a large accumulation of such cases. And this not because they have now for the first time sprung up, but only because we have discovered the fact, after death. In the case in Durham Asylum, there was nothing whatever leading to a suspicion of thoracic lesion.

I do not think it is likely that by mere external exploration, and the application of the stethoscope, we shall be able accurately to diagnose cases so as to render tabular statements of any great value, if any practical conclusions are to be based upon the statistical tables. Hence I would admonish the public of their inaccuracy, and of my own appreciation of that inaccuracy.

I am pleased with the remarks of Dr. Langdon. Scarcely any one, however, would have found the same facilities for autopsical research. In many instances his cases were those of persons whom we call foreigners—people with whom we may do as we please, and I am not surprised that they are handed over to the medical schools. The patients who come

from the opulent classes of the community would present no difficulty ; it would only be necessary to make known your wishes to have them complied with. I find many of the relatives of those who belong to the more respectable class request the examination, and those who could not come have written for the details, desirous of ascertaining whether the disease may not have had its physical complications, and, in fine, what its real character was.

The remark made by Dr. Bancroft has much force. It is one upon which I should have desired to have more discussion—the question whether an asylum residence and depressed vitality, consequent upon insanity, may not be causative of the phthisis and tubercular consumption. I can only express my belief that asylum residence and comfort has nothing to do with the development of this disease ; but, on the contrary, after mature reflection, I am led to believe that where the tubercular taint has existed, and where there is a necessary affinity between the physical condition and the mental disease, asylum treatment tends rather to arrest than to accelerate the progress of the tubercular degeneracy.

Dr. Ray has alluded to the case where a patient had an alternation of symptoms. He would hardly venture to say that this patient has been cured of insanity and would not be liable to a return of it, provided life is preserved. In the interval of calm the patient may pass away into another state of existence. I do not pretend to say that in no case does mental disease act as a casual agency producing tubercular deposits in the lungs or other organs. I am satisfied of this, however, that by extending autopsical research, in a few years you will fully confirm the statements I have advanced.

Dr. Tyler said :

Some one has observed, "that although it is true that figures will not lie, still we know that the mortals that make figures sometimes do." So with statistics ; they are made by mortals, and are not always accurate.

In order to a fair and useful comparison of one group of statistics with another, we need so full an account of all the cir-

cumstances and contingencies surrounding each as to amount to a better history of facts than can often be obtained. The statistics of thirty years ago have been referred to in connection with the proportion of recoveries of recent cases. An instance in point occurs to me. In a certain report it was stated that 80 per cent. of recent cases during the year had recovered, and no other facts were given. This report was based upon five cases—four recovered and one died. The fallacy of receiving statistics without knowing upon what they are based, and their great variability, by small figures, can easily be illustrated. Suppose that a person tells you that 100 per cent. of his recent cases have recovered, and you have no reason to doubt the statement: you consider it an astonishing success. But suppose you afterwards learn that but one recent case had been treated, and that had recovered: although the statistics hold good, your astonishment considerably abates. Again, suppose that the person had had two cases instead of one, and that one had recovered and one had not, he must report 50 instead of a 100 per cent of cures.

Let me mention an illustration of the entire futility of trying to force reliable information of another sort by legal enactments, although the statistics make as good a show as any upon the record books. A law of Massachusetts requires the undertaker, before an interment, to furnish to the municipal authorities a certificate from the attending physician, of the cause of death. In one of our cities, a child was suddenly taken ill, presenting symptoms of suffocation. An intelligent physician was called, and on examining the throat found no evidence of croup or diphteria, but upon turning the little fellow upside down, distinctly heard the click of a foreign body in the trachea. There was no relief but in tracheotomy. The parents would not consent to this, but called another doctor. He without knowing what his fellow had done, went through with a similar process, and made the same recommendation. The course was again declined, and a homeopathic brother was called in, who prescribed for throat disease, and when the child died, reported the case, diphteria!

In some of our towns these certificates are filled out by the

sextons themselves, and sometimes with a most absurd disregard of nosology and orthography.

Dr. Ray said:

I mentioned a case where nothing abnormal was found on *post-mortem* examination, as illustrating the unreliability of the usual statements of the causes of death. It showed, if we had stated the case to have been apoplexy or heart-disease, that we should have said what was not true. And now if it were so in a case that appeared so plain, how much more frequently must mistakes occur where the indications are not so limited. If, after *post-mortem* examination, there can be any occasion for doubt, why, of course, all a man has to do, is to state the circumstances of the case, the appearance after death, and let others judge for themselves. My remark applied to cases where there had been no *post-mortem* examination. Our ordinary statements are based not upon *post-mortem* evidence, and that is my objection. They must necessarily in a great degree be a matter of guess-work, and if guessing is a reliable sort of statistics, very well, but let it be fairly understood. Do not let such statistics be taken up by such philosophers as Quetelet and made the basis of general principles.

Dr. Butler, the Chairman, fully agreed with the hypothesis that there had been a change in the status of the insane during the last thirty years, and suggested that some interesting results might be obtained in the following way. If the members of the Association should take all the strictly recent cases coming under their care from January, 1862, to January, 1863, carefully scrutinize them, and present the result at the next meeting, specifying the whole number of cases observed, the number of these discharged recovered, those still under treatment and likely to recover, those discharged improved, and those remaining and likely to improve, those unimproved and probably unimprovable, and those who have died, some valuable and interesting information might in this way be obtained, especially if the same course should be pursued for a series of years.

Dr. Workman thought great benefit might accrue to the profession and society, if medical men were prohibited from giving publicity to their successes and were made to confine themselves to their failures. The presentation of such failures in detail would afford valuable information, now lost. He thought he could look back to cases that had got better in spite of him, where indeed he had started wrong and yet the result was favorable, and where he had been so modest as to ascribe the success to himself instead of to the superior strength and resources of nature. It is very easy to ignore unpalatable facts and those which clash with our own prejudices. Meditations among the tombs are *post-mortem* examinations. There is nothing of which I can boast in the statistics which I have presented: they are indeed, melancholy evidences of failure.

One reason of my desiring to present this subject before the Association was that I expected to meet here one of the Government Inspectors of Canada. I felt that the discussion here would sustain me in some differences of opinion between myself and these officers. Attempts have been made to compare the mortality in different institutions in the country with the view of showing, by this means, that some are more healthy than others. It has been argued that branch institutions are more healthy than parent ones, because the mortality is greater in the latter. But in my own branch institution, which is one and a half miles from the parent one, those transferred to the former are not the most feeble; on the contrary, those under some acknowledged form of disease are retained, so that the mortality of the parent institution has been the aggregate of all the others.

In regard to statistics we have arrived at no point of certainty. All that has been done has been so mingled with error, that attempts at generalization and deducing important consequences from what we have elaborated, is totally futile.

Dr. Harlow, of Maine, then read a paper upon the following subject: *Popular Indifference to and Disregard of the Laws of Health, a Prolific Source of Insanity*, which appears in this number of the JOURNAL.

The discussion upon this paper was opened by Dr. Workman, who said that he had some difficulty in coming to the conclusion that our whole people are degenerating. The experience of the physician went to satisfy him that there was a great deal more disease in the world than when he was young. He did not from this, however, come to the conclusion that evils are positively on the increase, any more than that disease of the chest first developed itself in the time of Laenee. Luxury always existed ; the Babylonians and Greeks were not free from the physical defects and diseases which we now suffer from. His hopes in humanity were very strong. And while in some directions deteriorations may be manifest, yet in others there is a corresponding compensation. He could not ascribe the increase of insanity to any of the diseases which had been referred to—neither could he assent to the dogma that there was a negative increase of insanity at the present day. The remark was quite commonly made to him by the people in Canada, that insanity was more prevalent in our country than in Europe. But, when we draw our population from a stock free from all disease of the character calculated to deteriorate childhood and be perpetuated into manhood ; in a country where there is little intermarriage of blood relatives, and the very best stock is constantly improved by crossing, he was not prepared to admit, at least without accurate statistics, that mental disease was on the increase in the whole community.

Dr. Ray said :

The paper is one well deserving our attention as mental philosophers, and it is very important that we should be well established in our own minds in regard to the essential fact. If all these deleterious influences enumerated by Dr. Harlow, are powerless to deteriorate human life, why need we trouble ourselves about them ? True, they have not been made a matter of statistics, and their effects we do not exactly know, but the general fact of their existence is universally recognized. If all these are calculated to lower the tone of vitality, then certainly the way is opened for insanity, or any other disease. The change which has taken place within forty,

sixty, or a hundred years in our modes of living, is certainly not calculated to improve the sanitary condition. Take the single article of cooking stoves, and consider how extensively and seriously the health of our people must have suffered from the bad air they produce. Our cookery, itself too, always bad, has been getting worse. The common diet is notoriously calculated to impair the tone of the digestive organs. Where, then, are we to place a limit to the extent of the influence? I can not help believing that these causes weaken the tone of the system, and foster the latent germ of cerebral disease. Many persons may go through the world with insanity in the brain, or tubercles in the lungs, which never will develope without some special exciting cause. Without that exciting cause, the patient might have lived and died without the least suspicion of his having either of those diseases. I think there can be no objection to this view of the case. If you go further, and represent these deteriorating influences of our modern life as direct and imminiate causes of insanity, you will hardly be supported by the obvious facts. The popular observation will not coincide with yours, for innumerable cases will be brought to your notice, where intemperance, or bad air, or dyspepsia, or excessive study in childhood, has failed to impair the health of the brain. You will thus be regarded as a fanatic, a man of one idea, and your wise admonitions be utterly disregarded.

Dr. Tyler said :

The military camp is a crucible in which our men have been placed; a certain percentage, and that a small one, have been unable to endure, but the great majority have proved good metal, and those who have endured at all have been greatly benefited by their hardy manner of life.

The style of living, and the kind and quality of food eaten in our towns and in the country, are very different from what they were thirty years ago, and no doubt the vitality of the community is affected by the change. We can not doubt that habits of exercise, regimen, and the quantity and quality of

what is put into the stomach, must affect the life-power of the individual.

"A Book about Doctors," lately published, gives a history of the success of a number of noted quacks, and to-day we have driven past the former residence of one—the famous "rain-water doctor." All these men prescribed the most, stringent rules respecting what their patients must eat and what they must not eat—their exercise, bathing, and all important habits. Now we know that their cures were effected by these means, though the credit was given to the complicated tomfooleries with which the patient was amused, and the harmless contents of the bottles in which their faith was corked.

Dr. Choate said :

I should be extremely sorry to think with Dr. Ray, that the external causes of disease, and especially of insanity, arising from our habits of life, and the circumstances surrounding us, were on the increase.

Such very great attention has been given, during the last quarter of a century, to many subjects which are considered of the utmost importance in their bearing upon physical vigor and health, and such great progress has been made, as I suppose, in arriving at correct views, in disseminating them throughout the community, and in carrying them into practice, that, if we are still retrograding in health, in vital force, in longevity, and the ability to withstand the effects of disease, it would indeed be most discouraging and mortifying.

Take, for instance, the subject of vitiated air, which has been alluded to. Are the improvements in ventilation, which may almost be called one of the productions and discoveries of the present century, of no value? Has the diffusion of correct views on this subject throughout the community had no good effect upon the health and vital force of our race?

Is the same true with regard to the physical training of our youth? Great attention has been given to this subject of late years, and the community have been fully impressed with its importance, and by the introduction of gymnasiums and a regular course of physical exercise into our system of edu-

tion, have supposed they were improving the race. Has this produced no good results?

With every advance in science and knowledge, the community are becoming more generally supplied with comforts; sources of disease are removed from our dwellings and our cities; and our habits of life become the subjects of scientific inquiry, and if bad are condemned.

I can not believe that all these improvements are producing no good results; and if insanity should prove to be on the increase, I think we must look elsewhere for the cause of it, and not to any deterioration in our habits of life, and our surroundings.

Dr. Gray agreed mainly with the views of Dr. Ray, in the discussion of Dr. Harlow's paper. He thought the remarks of Dr. Choate upon the improvements in ventilation rather applied to hospitals and other public institutions than to private houses. The gymnasia and other means of physical training now introduced into schools, are doubtless great blessings, but they owe their origin, perhaps, not so much to the superior attention paid to these subjects as to the necessities of the present system of education. Have they not simply taken the place of the more healthful sports and games of a less populous and affluent community? As to ventilation, the old school-houses were certainly not deficient in this respect, and the ancient fire-places were not to be despised. Undoubtedly the dwellings of all classes are much more comfortable now than formerly, especially as to warmth. However, he thought the great principles of ventilation were quite neglected in the construction and use of the houses of the most intelligent and wealthy classes. Elegant houses are built without a ventilating flue in them, or a thought of how air should be introduced, and, as a general rule, fire-places are even closed up, that any air accidentally getting in may not escape. Unquestionably the character of our dwellings and school-houses, especially as to heating and ventilation, has an important influence in determining the health of our children, and while with our close and warm houses and schools we enjoy superior comforts, it is very doubtful whether

we have gained in stamina on former generations. He would not disparage the important improvements alluded to by Dr. Choate, but thought they were not so generally introduced or appreciated as to exert, as yet, any very perceptible influence.

Dr. Workman said, in spite of all the physical deterioration, the whole population is increasing in a more rapid ratio than in older countries. I believe there can be no stronger testimony adduced of the good physical condition of any people, than the ratio in which its population is increasing. Your very indulgences, your higher degree of comforts than you formerly enjoyed, may have a tendency to the elongation of life in the average, at the same time that there may be a deterioration of those who would otherwise be a more robust class. Dr. Gray has said with great truth, that ventilation of schools was better in the olden times, even in the old countries. You coax along into existence a languid life in a great number of puny people who would have died off before they reached manhood. In the olden time you would have developed and saved only those who were robust and strong. The trials through which one had to pass were exactly equal to the system adopted by the Spartans, who put to death those decrepid and suffering under insidious disease. In more rapidly developing society, this is truly the case. In Lower Canada we were pleased with the robust appearance of the people. But there are other facts of which you are not informed. If you were informed of the amount of mortality among the French and rugged classes, you would find that it exceeded that of New Orleans.

You have the further striking fact, that the population of these countries has been increasing in the same ratio as yours—not in the same ratio as Eastern Canada. I know of one parish in which one-third of all the deaths take place in children over one year old. A very common cause of this early death, is the practice, based upon religious opinion, of carrying the newly born children to the parish Presbytery to be baptized. This is the function of the midwife, and she has not earned her fee unless she has performed it, whether the

thermometer is 20° below zero or lower. If the child should die before baptism, it would be a serious matter, in the opinion of these people. The child having died in consequence of this exposure, they congratulate themselves upon their good fortune in having baptism administered before it died. This is one reason why these people are so robust, that from negligence and various other agencies all the delicate ones die. By your artificial treatment you carry these people forward. You do not confer a blessing upon the whole community, but upon the people themselves. For I am sure, in a broad view of the subject, losing sight of individuals, it was much better that they should die before they perpetuated the evil, and left a weak and sickly progeny to follow them. This evil will rectify itself—will die out in insanity and other diseases in which it is now wearing itself out.

Dr. Langdon said :

I doubt the increase of insanity. The apparent increase is attributable to other causes. Our census is now more accurate. We have better knowledge of the statistics. Many are now put down as afflicted with insanity who would not previously have been reported as such. Our institutions are more comfortable, and receive a vast number that were not previously sent to them. In order to get at the matter, there are a great many of these causes to be taken into consideration before we can positively say that insanity is on the increase. In the institution of which I have charge one-half of the inmates are Germans, one-fourth of the remaining number are Irish, and the rest Americans and other nations—not one-fifth are Americans. All these things must be taken into account if you are going to say that insanity is on the increase, and especially that this fact is attributable to the manner of living, cooking, etc.

In our part of the country, the condition of the people and the mode of life are about as Dr. Ray has represented to have been the case in former times. We have an equal amount of insanity with that reported in the East. If all our boasted improvements are a source of injury, the sooner we, as lead-

ers of public opinion, do away with them and return to the original state of things, the better. If the foreign element were thrown out of the calculation, we should not find that insanity is on the increase in our native population.

Dr. Jarvis said :

Those asylums in England in which I saw the patients at work, were for paupers, and these were the workers. They had always been accustomed to labor, and it was no change for them to be put to it in the hospital. They had, as with all English laborers, been used to have their beer as a part of their regular support. And the officers gave it to them, not as an inducement to do something extraordinary which they were unwilling to do, but because, according to their notions and system, beer is a needful part of aliment, and a working man can not be deprived of it without diminishing his power to labor. But in America it is different; beer is not generally used nor expected by laborers. Many of the Irish get it, or rum, whenever they can, but it is rather as a matter of self-indulgence than of assumed necessity. The Americans do not want it; generally they do not like it.

In the three State Hospitals of Massachusetts, nearly half of the patients are State paupers, and these are almost all natives of Ireland, who have been accustomed to work. While I was in England, I inquired particularly into this matter of Irish patients, and their behavior in the lunatic asylum. I was told that there was a considerable number of this class of patients all over England, and that they were as manageable, and as willing to work, as the Englishmen. There seems no reason why they should not work here as well as there. Moreover, they do work on the wards. All our hospitals have farms, on which a good part of the patients labor, in proper weather and season. I have yet to learn that among these insane farm laborers the Irishmen do not work, or that they go unwillingly from the ward to the fields and the garden.

We have another experiment constantly going on. There are in Massachusetts three great State Alms-Houses, for the State and foreign paupers, intended primarily for the sane;

but from time to time, the quiet and manageable insane are sent there, and these have accumulated to the amount of more than a hundred in one, and nearly a hundred pauper lunatics in another, of these great pauper establishments; and there they work with the other State paupers. The burden of foreign pauperism weighs very heavily on our treasury, and legislators complain of it, and especially of the cost of supporting the foreign insane in the hospitals. The public authorities are very anxious to remove all the incurable and manageable State paupers from the hospitals to these alms-houses; and the legislatures have appointed committees to consider the subject of building large houses and wards in connection with these alms-houses, for the residence of this class of patients. The reasons offered for this plan are two; first, that they can be supported at the alms-houses at less cost than they are supported at the hospitals; and second, that in the alms-house they can be induced to work and earn their living, which few do where they now are. They advance the last argument as the result of experience of the dealing with these lunatics at the two classes of institutions. Then if they work in the alms-houses, they will do so at the hospitals; and if they work readily on the ward, they doubtless will be induced to work as readily in the shops, provided the occupation is as well suited to their capacities and habits.

But I think the difficulty is not in the want of willingness in the insane to work, but in the want of proper means and facilities of occupying them. This is shown by comparing the habits and employments of the two sexes in hospitals. On the female side, work is the general custom, and custom has made it a general law unto the inmates. Most of the women work, or occupy themselves in some way or other. While on the male side, idleness is the general law; passing through the wards, one finds most of the men doing nothing. Some are listless, some torpid, some restless, but directing their energies to no purpose. This difference has no foundation in the nature of the two sexes. Women are naturally no more active or industrious than men. But it is because fitting and acceptable occupations are provided for one and not for the other.

If, then, the managers of hospitals could provide employments as well suited to the habits, education, and tastes of the males, as they do for the females, the men would go as generally and as readily to their shops and other places of occupation, and busy themselves as industriously in the wards and elsewhere, as the women in their appropriate fields of exercise.

Let employment be established as the general habit, and idleness the exception, then the law of custom and sympathy would operate powerfully on the few who would otherwise be induced to do nothing. Let the fields and the shops be the populous places, and they will be the popular ones. Then the wards will be lonely and wearisome to those who have life sufficient for action, and self-control enough to direct their powers to any purpose.

Letters were read by the Secretary, Dr. Curwen, from Dr. James R. DeWolf, of the Provincial Hospital for the Insane, Halifax, N. S., and Dr. T. S. Kirkbride, giving the reasons of their non-attendance. The letter from the last mentioned gentleman contained a statement of the death of Dr. Galt, on the Tuesday after the recent battle near Richmond.

The Association adjourned until to-morrow morning at 9 o'clock, to allow the members to make an excursion to Newport this afternoon.

THURSDAY MORNING.

Yesterday afternoon, accompanied by a number of gentlemen from Providence, the members of the Association made an excursion to the city of Newport, where they visited the various objects and localities most attractive to scholars and men of science, and most interesting from their historic associations, including Redwood Library, Trinity Church, the library used by Bishop Berkeley, and the original portrait of Washington, by Gilbert Stewart. They returned to the city in the evening.

This morning the Association was called to order at 9 o'clock, by Dr. Butler.

Dr. Buttolph was appointed a member of the committee on the time and place for holding the next annual meeting,

and to fill the vacancy occasioned by the departure of Dr. Van Deusen.

Dr. Bemis, from the foregoing committee, made a report which was adopted, recommending that the next meeting of the Association be held in the city of New York, on the third Tuesday in May, 1863.

Dr. Edward Jarvis, of Dorchester, Mass., then read a paper on *Mechanical Employment for the Insane*, embodying the results of extensive observation among the asylums of England, in regard to the employment as artisans of the inmates of those institutions.

Dr. Curwen said :

As to the question of labor, as applicable to our own institutions, I find it difficult to induce my patients to engage in it. My own experience leads me to believe that a large number of patients can not be induced to engage in the various different occupations. I have often been able to get a number to go out to work for a short time to perform some special labor, but have not been able to keep up a regular system, such as that adopted in English institutions. One reason why I think the difficulty greater here than in England is, the different condition of the patients. There is more excitement among our patients, and a greater unwillingness to engage in active labor : they say, "Our board is paid, and we are not going to work for it." This feeling is one of the principal embarrassments I have constantly encountered. Again, I can not engage the class of attendants who have either the disposition or ability to induce patients to go out regularly to work. I have no difficulty in getting a certain number of men to work in the garden until the weather becomes rather warm, when they decline. That employment is of great service to all classes of the insane, I think no one can doubt for a moment, but we are met by the objection of expense necessarily encountered in employing so many to look after them, and keep them from doing positive mischief. If we were justified in going to such expense, we could undoubtedly cure a larger number of patients. As to the trades carried on in

English asylums, there are few in my vicinity accustomed to these occupations.

Dr. Ray said :

One of the points in the English asylums which must strike a stranger, is that which forms the subject of the paper of Dr. Jarvis—the superior degree of industry and quiet which they manifest. I think any one accustomed to American asylums would say that was the first thing that struck him as peculiar. Of course, it is the first he inquires about and endeavors to understand, especially the quiet. The amount of labor, I suppose, is consequent upon that condition of mind which produces the superior quiet. I spoke of the subject to the superintendents, and they were not surprised at it. I found, however, their conclusions all went in one direction. They said it was owing to their system of non-restraint. If we would abolish restraint, our patients would be more quiet, and we could employ them more in labor. They had, in their notions of restraint, the old customs of their English institutions, and no doubt if restraint was used in our asylums as it was there, their views would be correct. Even so intelligent a man as Dr. Conolly could not be convinced, and thought the great difficulty, and the only one, was in our use of restraint. Their faith was somewhat staggered when I assured them that a highly excited stage of mania was a very common thing with us, and a very uncommon thing with them. During all my perambulations through English hospitals, I never met with a single case of raving mania.

Now it is idle to say that restraint can make such a difference as that. Patients come in that condition and remain in it, whatever we may do, and certainly we do not put every such person under restraint. Dr. Hutchinson, of the Glasgow institution, seemed to appreciate that matter, and said he had had a suspicion for a long time that the character of the disease had been changing there since he was a young man; that then it was not a very uncommon thing for patients to come to the hospital raving—now it rarely happened. He could not attribute it to anything except a change in the type of

the disease ; certainly it was not attributable to anything in the management.

I think there will hardly be a question that the patients we see in the English hospitals present a very different appearance from ours, and not owing, I think, to the state of the disease, but attributable to various other causes. Now a large proportion of the patients in the English hospitals are paupers, like their parents before them, and their children after them. That relation establishes a certain kind of manner, conduct, and course of action, which leads in some measure to the result in question. In the matter of labor, we give our patients their choice, saying to them, We would like to have you work, but we do not oblige you to work. They say the same. But the freedom of choice is a different thing there from what it is here. I do not say they use or threaten punishment. But when the Superintendent there says, "I would like to have you work," there is a sort of force carried with the wish which is unknown in our institutions. The patient is accustomed to obeying the voice of his superior, and the voice of a superior is a different thing in England from what it is here. He goes to work without any definite idea of punishment, but would as soon think of breaking one of the commandments as disobeying a man put over him. He would not think of saying, "Somebody pays for my living, and I am not going to work for it."

The agricultural laborers in England are very much addicted to beer and tobacco, and very dependent on these luxuries. At any rate their principal source of happiness is cut off if they do not get them ; and here is a strong inducement to work. One gentleman said, "I should not think of inducing my patients to go out and work if I did not send beer and tobacco with them—as it is, every body wants to go, we have more laborers than we want." And I saw a host of men weeding, digging and shoveling. We can not offer such inducements as these.

But I am sure that the prevalent forms of disease with us, are not favorable to that constant, steady application which work requires. Take the more recent stages of the disease. It

has here an element of excitement which we do not see there; and that sort of nervous, restless excitement is not favorable to occupation. Either the patient is irritated about his confinement, thinks he has been oppressed or misused, and he will be independent, or he is too unsteady for work—does more harm than good, while it is obvious he is no better for it. Even in chronic cases it is the same. Many patients can not exceed a half day's work at a time, without getting excited, and becoming restless, quarrelsome and sleepless.

Then there is another consideration which must always curtail in a very great degree the amount of agricultural labor in our institutions. That restlessness of patients is connected with a desire for elopement. If the patient is allowed to go out in the ordinary way he will find his chance to elope, some time or other. If a very restless and excitable patient has a strong desire to go home, and is allowed to go out to work, he will certainly go with the deliberate purpose of eloping. Elopements in English institutions are very rare, for the patients never were so comfortable before. They have better lodging, treatment, attendance, than at home, and they have no inducement to go off. Every one of our patients has something in view better than the life he is leading there.

Then, too, no one can fail to recognize the fact, that here, in the latter stages of the disease, there is greater degree of dementia coming on at an earlier period than is seen in England. The patients seem more stupid, having less power of appreciation and facility of execution. In the English institutions you see patients who have been in the chronic stage of the disease year after year, working as well as any others; whereas, with us it is comparatively few of those in this stage of disease who are able to accomplish anything like steady work. If we were disposed to go into the matter regardless of expense, I presume we could increase the aggregate amount of laborers, but at the present rates of board it would not be possible.

The amount of labor obtained in institutions in New England, it appears to me, has been steadily diminishing, owing to various causes, no doubt, such as the increase of foreigners

who do not feel that obligation to work in any institution that they would at their homes. Then there is the modern peculiarity in the type of the disease—a type which uses up a man's faculties from the beginning, indisposes him to work, and blunts his perceptive faculties.

Some years ago, (1841,) when I took charge of the hospital in Maine, with sixty patients, I found a greater number able to work than I have found since with 130 patients, because they were Maine farmers, yeomen, who were attacked suddenly, got through with the first stage of the disease, were able to work, and found working employed their time. The chance is now, that your patient has got used up with bad habits, and more or less pathological disturbance of the brain, a state which does not dispose them for labor, or anything else that requires constant and steady application.

Dr. Langdon said :

My experience corroborates the doctrines of the paper. I have kept a number employed a great part of the time. I think those employed inside and out side are about equal; say thirty-five of each. In addition, we employ in kitchen-work, and in the engine and gas houses, seven. Twenty in the laundry—and I hire but one man in this department. The women patients do the ironing, and much sewing. One patient attends the steam-engine for pumping water. No one goes near him during the whole week. There are two or three who do the entire dining-room work. Others are employed in the wards. In the shoe-shop I have four who will average regular work, and more who work steadily all day. In the tailor's shop four patients work steadily, and do all the mending of the house—without an overseer. This shop is in the wards. One man works steadily at bird-cage making—through him the wards are now all supplied, and these cages I have filled with birds. One man makes dressing-cases, bureaus, etc., in very excellent style. One assists the baker, one the carpenter, and one is a kind of tinker. I think we employ, on the average, one hundred and forty-five patients daily, out of three hundred and seventy. I am satisfied that the house is more quiet and peaceful in every way

in consequence of keeping these people employed. They go out at seven in the morning, and return at eleven—go out again at one, and return at four. A number of these, if kept in, would be very excited and troublesome patients, whereas they are kept entirely quiet by their work.

As to the lack of confidence implied by keeping dangerous instruments out of the reach of patients, we have one man who had been four years constantly ironed in another institution, and was considered very dangerous, who had whipped four of his attendants with his irons on. He seized one man by the testicles, and took off the entire sack. I determined to free this man from all restraint, and removed his irons. I had a powerful and courageous attendant, who, when he took him to his lodging room, took off his manacles and put him to bed, and in the morning put them on again while he was at his breakfast, and then again removed them. When I visited the wards he had them off, but made no demonstration. If any one disturbed him, he was inclined to quarrel. One day, while in the dining-room, he asked permission to look at a large carving-knife on the table. I consented. He picked it up, eyed it eagerly, looked at the attendant, who affected indifference, but was watching him, then laid it down and walked off. He now works regularly with a shovel, in the garden. He is stubborn, and they sometimes have to chastise him, when he always drops his shovel, and has never injured any one with it yet. If I had a greater number of attendants I could keep more patients employed, and the employment would do them a great deal of good.

Dr. Bemis said :

The patients in the English asylums all perform some useful labor. Those who do not work are the exceptions. I remember very well, in one asylum which I visited, the amount of work done by the patients was almost incredible ; almost all the offices of labor in and about the institution were filled by patients.

The engineer was a patient, the cooks were patients, the butcher was a patient, the gate-keeper was a patient, the

gardeners and overseers of the work shops were all patients. At this place they had thirty acres of ground under spade cultivation ; and the green grocers from the city came early in the morning for vegetables and fruits from the gardens, for the market. In the shops they made shoes and clothing for the market. In the laundry they did the washing for one or two large training-schools in the neighborhood. They were also repairing and remodeling the asylum buildings, and laying out the grounds and building roads and walks : a very large part of the labor being performed by patients. Much the same state of things I found in every county asylum in England ; patients all at work, and performing useful labor.

As much as I approve of labor, I should hardly dare submit to the state of things I saw every where in England, and yet I confess, it is what I am seeking to accomplish more perhaps, than anything else. I am confident that whatever success we attain in this direction will be of great benefit to the patient, and thus secondarily to the institution—at present, however, the labor we get at Worcester costs more than it yields. For instance, I could carry on all the operations of the farm in a better manner, and with less paid labor, without the assistance of the patients than with. It is true that we do certain kinds of work which we should not do with paid labor, and thus the value of the State property is increased, and we perhaps procure for our patients some luxuries which we should not except for their labor. But it is a kind and quality of labor which we should not purchase.

I am not able to say what proportion of our patients labor. Probably 90 per cent. perform a little labor. But no more than 20 per cent. labor to any advantage.

There are other points to be met, besides the value of labor to the patient, or to the institution. It is for us to determine whether, on the whole, we can afford the introduction of labor as a remedial measure, to any very great extent, in our hospitals for the insane; whether the incidental difficulties and dangers are not greater than the benefit to be derived. We all know the great liability to accident from the use of tools among the insane, and also the increased danger from fire,

when a large number of patients are permitted the privileges necessary to induce them to labor. Then again, friends will soon require pay for the labor performed by the patients. In the month of May, we had 1827 full days' labor performed by the patients in the hospital, and shall probably have 20,000 days labor performed in the course of the year. At this rate, outsiders will soon regard our Insane Asylums as self-supporting, and it will be very difficult for them to believe that all this labor is worth really nothing. This question we must meet in all its forms, and I apprehend that it will be difficult and annoying.

Pecuniarily, the work done by the insane is of no value. It is always unsteady, full of imperfections, and the cause of a hundred annoyances, and subjects the institution to very severe risks.

What must always interfere with the pecuniary benefits of labor with us, is the fact that as soon as an incurable patient has been taught to work to advantage, he is removed by the Commissioners or Overseers of the Poor, thus depriving the Hospital of any benefit.

Nearly all females labor. Women everywhere sew, knit, embroider, and crochet, as a matter of course, and the consequence is that a larger number of females than of males are employed in our Asylums. If we could provide as great a variety of light work for the males, we should induce a larger number of them to labor, although the results might be of inconsiderable value.

Dr. Bancroft said:

My experience differs little from that stated by Drs. Curwen and Ray, yet it is a matter I have been deeply interested in. I have been thoroughly satisfied that occupation of some kind has an important curative-influence, and I have been desirous to realize the benefit of it to a greater extent than has been done hitherto. Of course the labor must be voluntary, and where the question is proposed they meet it with the answer which has been specified. The number is small who have been induced to labor with advantage. We have but eight

or ten men who labor on the farm with any degree of regularity, and of those the remark is true that, from long and continued trials, we have found that it costs all that it is worth.

Our experience in New Hampshire has been, that whenever we have had an incurable patient, who has been brought into a condition that could make him useful to us, he would not long remain, but would be removed to the poor-farm.

Of mechanical occupations, it has fallen to our lot to have scarcely a single man who had mechanical skill of any kind. Whenever we have had a mechanic, who was a good workman, there was something in his character to interfere with the practical realization of the avails of his labor. He becomes dissatisfied because we do not allow him compensation for his services. We get more work from the female than from the male side of the house. In that department the labor is of some service, and pays more than it costs. I would like to inquire of Dr. Langdon as to the class of patients that are laboring so generally.

Dr. Langdon replied, that the great majority were foreigners, committed by the courts.

Dr. Woodburn had been very much instructed by Dr. Jarvis' paper. He did not think that with the small appropriation they had for the support of their institution, they could get along without the labor of patients. They had a farm of one hundred and sixty acres of very fine land, and to cultivate it employed but one farmer and a gardener, beside the labor of the patients. The profits of the farm amounted at least to between five and six thousand dollars. His plan was, not to suffer the patients to work long enough to make them weary. He had not had long experience, but had observed that the out-door workers, among the men, and the women who employ themselves in-doors, were always the most likely to be cured and go home. He found that those not inclined to work were the chronic cases. The main difficulty he had experienced was that of not having sufficient employment to offer his patients. He had no doubt they would render four times the amount of service to the institution and themselves, if he had more for

them to do. He was troubled very little by attempts to elope, and thought the advantages of labor were so great as to warrant the risk of a patient, now and then, escaping. If a patient convalescent, but not fully cured, escaped, he was in the habit of writing to the friends to detain him at home, and if he continued to improve to write; if not, write also, and he would then send and bring him back to the Asylum. During the past few months, his patients, under the charge of a carpenter, had put down a number of new floors, and made other important improvements in the house. In grading, and out-door work, he had accomplished a great deal.

The ironing is done by the female patients, and without the aid of any machinery. He should not desire machinery, as he wished the benefit of the manual labor. All the sewing, knitting, &c., of the house was done by the women patients.

Dr. Gray said:

I have never been accustomed to look upon labor principally in the light of its pecuniary value to the institution, but as an important remedial measure, beneficial to the patient in promoting his comfort, facilitating his recovery, and producing quiet and order throughout the house. If the question was asked, whether we did not receive pecuniary benefit from this labor, I should reply affirmatively. We undoubtedly are able to take better care of the patients, expend more on their behalf, securing to them advantages they otherwise would not enjoy, from having their labor to assist that of the hired attendants. And again, the majority of our patients are farmers, and from the laboring classes, and accustomed to work. Fifty or sixty are frequently engaged in useful labor about the shops, barn, farm and garden, yet we should not think of dismissing the hired laborers in these departments, and trusting the tools, crops, or stock, to such uncertain hands. It must always be borne in mind, too, that these persons are not to be employed in proportion to their strength. We must see that their occupation is of a kind and amount calculated to benefit, and especially not injure, them; whether it disturbs or calms the patient, hastens or delays his recovery. With

us, indeed, the climate will not admit of putting the more delicate to much if any out-door work. The winters are too severe, and summers, much of the time, too hot. The grain or other crops are too important to await pleasant days, with a view of having them planted or gathered by the patients.

With Dr. Woodburn, I find no difficulty in getting patients who are willing to work, but rather in deciding who shall be permitted to do so. I should be very unwilling to pursue the course adopted in many of the English Asylums to persuade them to work, and still more unwilling to trust them with dangerous implements, or the exclusive care of dining-rooms, or the running of an engine, as stated by Dr. Langdon. Indeed, I do not think that, for their own good, they should be charged with any such serious responsibilities. Instances are not wanting of patients injuring themselves, and, under such indiscriminate employment, they have attempted and executed murderous attacks upon each other, and their attendants. Under the greatest vigilance and care, accidents will occasionally occur, and patients should, therefore, always be accompanied by some responsible person. The question of labor, its benefits and disadvantages, is far from solution in this country. As to elopements, I look upon them as a serious evil—they bring discontent and distrust. I am well persuaded that we could not trust our patients to go out, generally, with the expectation that they would not try to escape.

Again, it is not uncommon for friends of patients, hearing by our letters or otherwise that they are engaged in useful employment, to ask whether or not the charges will be less for their care, or they will propose their removal at once, supposing that because they are capable of labor they are well, or, at least, would recover at home. So with many of the County officers. As soon as they ascertain that a patient is quiet and comfortable, and inclined to employ himself, they are anxious to remove him, supposing that such a course is for the interest of the public, not understanding that this is one stage of his recovery. Cases of mania are benefited by moderate labor, when they begin fairly to recover: melancholiacs, where their general strength will admit of it. Those most benefited by labor

are cases of mania, passing, or having passed, into its chronic stages, or into dementia, or cases of simple dementia. These are undoubtedly benefited by regular employment, in proportion to their general vigor, and are probably the classes to which Dr. Jarvis' paper refers. In all the institutions in this country the great amount of labor performed, and the most useful, is the in-door care of the house, and of this the female patients, as has been remarked by others, do the larger part. Many are thus educated to habits of industry and personal care and neatness, and constitute the large class discharged as improved, and who become very useful to their families, while otherwise they would occupy a very different condition. In looking at the question of labor, therefore, I would confine myself exclusively to the point of its advantage to the patients, and regard the pecuniary profit to be gained as altogether secondary in importance. If labor was adopted, except as an incident of the treatment, I believe many recent cases would be seriously injured by it, and by the necessary exposure to heat and cold.

Dr. Workman said :

I wonder why all the gentlemen who have spoken have been so shy of beer and tobacco? Dr. Langdon said nothing about these indulgences, although he gets a great deal of labor out of his patients.

There is no new Asylum in England that has not its brewery. Ale is a daily ration, and a double quantity to the attendants. This beverage has an exceedingly quiescent, beneficial, and healing effect upon the mind and body. I remember that I, at one time, reduced the beverage in Toronto Asylum, on account of a repugnance to it on the part of a certain class of people. I did think that the treatment of insanity was exactly the right field to carry out the cold water ideas. I have extended the consumption of ale since my visit to England. I think our Directors will erect a brewery, so much has the change introduced accomplished for the comfort, quietude, and general health of the institution.

I do not wish to encourage the use of tobacco, but where I

can use it to soothe, and induce to sleep and work, I think it advantageous. Smoking is not permitted indiscriminately. There are particular places appointed for it. It is an indulgence permitted more freely to those outside, as is known to the patients. In the afternoon we give them a cup of coffee, never over-work them, and calculate that each patient shall do half a day's work. We do not wish to push it to fatigue. The quantity of glass which has been broken by the insane, has decreased to one-tenth of what it was formerly, since tobacco was used. So far from sleep being interfered with by hard labor, I find it conduces to sleep. It is not a disagreeable fact to realize—that referred to by Dr. Gray—that patients will recover so as to be useful to families, and some will be taken home, uncured, and brought back. We find it an invariable rule that the patient will not recover who will not work. I can conceive of nothing more unfortunate than a patient who has never been taught any branch of industry. I believe the gentlemen from New England have been too harsh and uncharitable towards themselves. I would not have given the character to their institutions which they themselves have. When I visited their institutions, I thought there was a great amount of laziness,—too much reading, languor and lassitude, and not a very good physique. Incurability is among the penalties of laziness. I think beer is a great agent in producing quiet, and as Dr. Langdon lives in a lager-beer country, I would like to have his views on this subject.

Dr. Langdon replied :

I furnish my patients with beer and tobacco, daily—tobacco both for smoking and chewing. I give them three glasses of beer a day, and furnish them with a plug of tobacco.

Dr. Fisher said :

It seems to be the universal opinion that labor is of the utmost importance in the treatment of mental disease, producing mental quietude, calmness of conduct, and alleviating suffering. I must differ from some of the gentlemen who have preceded me, in regard to the pecuniary value of this

labor. I have twenty or thirty men whose labor is equal in value to any that I can hire, and an equal number among the female patients. Every inducement is offered to make them labor out doors. We give them a glass of beer, and tobacco for smoking and chewing, daily.

In the way of amusements, I have found gymnastic exercises very acceptable. A certain number meet several times a week, and go through the exercises of the rings, bags, weights, &c., to the music of the piano.

Dr. Rockwell said :

I allow that the effect of employment in useful labor is one of the most important remedial agents we have. A great deal of prudence, care and discrimination are required, however, in this matter. Some have not the physical health, others are too excited to admit of their being employed; others again would injure themselves by over-work if permitted. If conducted with the same prudence and care with which we administer medicine, I consider it one of the most important means we have.

Dr. Tyler said :

I suppose that Dr. Jarvis' excellent paper refers to the item of labor as employed in the English pauper asylums. It is sought for to give a natural and healthy direction to the mind, as well as exercise to the body. This is recognized as indispensable in the treatment of mental disease. Of course if this end is gained, it does not matter what means are used, if only the mind is *occupied* in a sane and healthy way, and the means must vary with the habits of the patients. In some of our hospitals, a majority of the male patients have never been accustomed to manual labor when well, and can not be expected to take to it when insane, and therefore they must be diverted and occupied in a different manner. In some farming operations they may be interested—haying is especially attractive, but the making of boxes or shoes would be anything but a diversion. Recourse must be had, then, to driving and walking—to pleasant grounds for out of door games; to systematic exercise, and to a good library and an

abundance of periodicals, and to quiet amusement and literary and musical entertainments within doors. It is always much easier to occupy the ladies of the house than the gentlemen. Still, there will always be some who will not be willing to work for themselves, or their friends, or for the asylum, unless they are paid, and yet would be much happier if employed. I have found, however, an almost universal willingness to engage in charitable labor. Some time since, a gentleman placed funds at my disposal to procure materials for socks and shirts to be given to the poor, and almost every one engaged in their manufacture eagerly and immediately. Emotions of generosity and pleasure were associated in the work. So it has been with working for the soldiers. We have had but few idle fingers among those ladies who were able to work, since this "new field of labor" has been opened. But upon the other side of the house, if you have horses in abundance, and all the books, billiard-tables, bowling-alleys and tillable land you desire, you will still find that something more is needed. In going through the wards you will find persons uninterested and unoccupied, and lounging in attitudes which morbid mental action and inaction always assume ; and he who can discover some available method of remedying this difficulty, will make a long step of progress in the alleviation and care of the insane.

Dr. Jarvis said :

I think that Dr. Langdon is right. I have looked at this matter in various points of view, and hunted up all the records that I could find, but none of these records pointed to any positive and satisfactory results. There have been no complete and reliable enumerations and records made of the number of lunatics, in any state or nation, at two or more distinct periods, which would show whether there had been any increase or decrease in proportion to the population. Still, taking all the facts that I could find, and making such comparisons as they allowed, my conclusion was that there was not any increase of insanity, except in proportion to the increase of population. There is an increase of insanity, but

it is due to the increase of the people. Wherever and whenever population increases, as it has in this country and in almost every civilized nation, there has been, and there will be, an increase of the number of the insane, at least in the same proportion, unless the causes which produce insanity are arrested. If these are constant, their effects, the disordered brains, must be constant. And whatever variation there may be in the number and proportion of the insane, for the increase or for the decrease, it is owing to a preceding variation in the extent and force of the causes. Intemperance has been one of the chief causes of insanity in the Northern States. If the people drink rum, whisky, brandy, wine, beer and other intoxicating liquors as freely at the present time, as they did twenty or forty years ago, then there will be as large a proportion of them made insane from that cause as has been heretofore. But if the temperance reform has diminished this indulgence, it has to the same extent diminished the cases of insanity from that source, and lessened the proportion of the insane among the population.

Accidents of kinds almost numberless are given as causes of insanity. Now it is plain, that with the marvelous improvements and increase of machinery, of the facilities of rapid traveling, and the use of all sorts of chemical agents, dangers have multiplied and accidents have increased, and of course, the number and proportion of lunatics from injuries have also increased. Ill health, a generic term that is used to comprehend a legion of pathological states and bodily ills, is given as one of the most frequent sources of insanity. If, from better intelligence and discipline, people are led to be more faithful to the laws of their being, and thereby avoid many or most of causes of vital deterioration, of course, to that extent, they stop the flow of mental disorder from this fountain, and thus lessen the sum total of the insane. But if the habits of society tend more and more to carelessness and self-indulgence, the tone of the general health is lessened, and lunacy from that cause is increased.

It is manifest, then, that the question of the increase or decrease of insanity, resolves itself into one of the increase

or decrease of its causes. And these every one has some opportunity of observing. We can look ourselves and see whether these causes, which vitiate man's mental health, are increasing or diminishing. In Massachusetts, and generally throughout the country, the grossest form of intemperance has decreased. There is more fashionable drinking now than there was ten years ago. I do not think there is so much drinking of rum and whisky, and those things which have the worst effect upon the constitution, now as formerly, especially among the respectable classes, the farmers and manufacturers. Among these there is hardly one-tenth of the rum used now that was drunk then; and of course insanity from intemperance in these classes has diminished.

But the Irish laborers who have come to Massachusetts, principally within fifteen years, drink much more rum than the Americans who did the same work before them. And this class has furnished the public hospitals of that State with a large part of their patients. The proportion caused by intemperance followed the course of this dissipation. Of the whole number admitted into the Worcester Hospital, the proportion caused by intemperance was 19 per cent. in the four years 1833 to 1837, when this indulgence was most prevalent among Americans; 4 1-2 per cent. in the period 1846 to 1850, when the reformation was at its height, and 9.7, almost 10 per cent., in the last four years, when fashionable and Irish drinking was much increased. Then again, all that sort of over-labor of the brain from extreme devotion to study, to business, to politics, or any matter of absorbing interest, has increased with a corresponding increase of mental disorder from that source.

This question resolves itself merely into an examination of the growth or decline of the habits, events, conditions and influences that disturb the regularity of cerebral actions, and every one can see for himself, at least within his sphere of observation, whether these have an upward or downward tendency.

Another matter, of which Dr. Langdon spoke, deserves

much consideration, when different periods, or different states or countries are compared with each other, in respect to the apparent prevalence of insanity. We judge by their records. But are those records all made on the same basis, and do they mean exactly the same things? Were the facts of insanity as thoroughly investigated and revealed, and as faithfully recorded and published, in the past age as they are in the present? My impression is, that there has been a wonderful improvement in this matter, within the last fifty or even thirty years. When insanity was considered as a perversion or weakness purely mental, families kept their insane members out of sight as much as possible, and many were known only to intimate friends. If any one, forty years ago, had said, that in Massachusetts there was one lunatic in every five hundred persons, nobody would have believed him, and yet there are more than that now; and, I doubt not, there was as large a proportion then. Men then formed their opinions of the number of the insane by their own observation, which was very limited; but the whole truth can be known only by a very comprehensive inquiry, which is generally very difficult, and often a failure. If we ask, now even, intelligent men as to this matter, unless they have read carefully prepared and reliable statistics of the insane, they will be apt to think, "I know of a crazy fellow who belongs to my neighbor's family, but he is usually kept out of sight, and few beyond the neighborhood know he is crazy; there is a crazy woman at the poor-house, yet she is rarely ever seen. These are all I know of in town. I know of none in the next town north, and one in the next town south. I don't suppose there are more than one in every three or four thousand in the whole State." The facts of insanity are very difficult to be obtained. They lie concealed in the bosom of families, who are not always willing to reveal them, especially to strangers and public officers; and no attempt by the ordinary public inquiry, has brought out the whole truth. When the census marshal is at the door, with his book open and his pen in hand to make the record, the father or mother freely gives all the information he wishes, until, at length, he

comes to the question, "Have you any insane persons in your family?" The first and natural impression and thought of the informant is, "I have an insane child, but that is not a pleasant fact for me to tell. My neighbors and friends may know of it, but I do not wish to publish it to the world," and the answer is, "No, I have none." He goes to another place and asks the same question, and the lady of the house thinks, "What is that to you?" and he gets no information there. He goes to another place and asks, and the mother thinks in her own heart, "I know that my daughter is odd, and sometimes very perverse, but she was always strange; and havn't I always kept her out of sight of all but our most intimate friends, and even from them I have concealed her in the chamber when she was more odd than usual, and it has never been suspected by any beside my husband and myself, that she is insane. I am not going to tell this man of it, and let him write it in his book, and let the Government publish it." With all the various motives for concealment on the part of the friends, is the marshal who collects the information likely to hear of all? Not nearly of all.

In the year 1848, the legislature of Massachusetts appointed a committee to ascertain the number and condition of the insane in the State. This committee sent circulars to the selectmen of every town, and the mayors and aldermen of the cities, asking them to report the facts. Now, these selectmen and aldermen, although men of high respectability and trustworthiness, know just as much of the internal condition of families in their respective towns, as any other men of their intelligence and social position, and no more. Except the poor-house, their office gives them no knowledge of the domestic matters of any dwellings in their precincts, beyond what they possessed before. But they sent to the commission all the facts they possessed of this matter, and the sum of the information thus obtained revealed fifteen hundred and twelve lunatics in the State, or one in six hundred and twenty-three of the population. Two years later, in 1850, the marshals of the United States discovered sixteen hundred and eighty, or one in five hundred and ninety.

In 1854, the legislature ordered another inquiry, through a commission, of which I was a member. The first question with us was, "How shall we do it?" It is plain that the methods already tried have failed. We then thought that "every family is known to some physician." I therefore got a list of all the physicians, learned and unlearned, quack and regular, man and female, all sorts of doctors, and wrote to every one of them, sending a schedule with thirteen questions to be answered, and asked them to make returns to me. By perseverance and urgency in every kind of way, by using every sort of aid and influence, writing to some half a dozen times, and visiting sixty-five towns, I got returns from every reliable physician in active practice, in Massachusetts, except two regular physicians who refused to answer, and two quacks who took no interest in the matter. I got, probably, as complete a survey of insanity as ever was made in the world. Twenty-six hundred and thirty lunatics, or one in four hundred and twenty-seven, was the result. This was conclusive, and the reports published by the State were sent to every person who had aided the commission. I mention this to show how difficult it is to get at any reliable enumeration of the insane, and how unsafe is any comparison between the published records of these enumerations. According to these three investigations in Massachusetts, the ratio of insanity to the population had increased almost six per cent. in the two years before 1850, and almost thirty-nine per cent. in the four years after 1850. This no man, at all acquainted with the law of this disease, will believe. The increase is not in the number of the insane, but in the accuracy of the investigation.

Everybody knows the enormous and absurd misstatements of the census of 1840, in reference to the colored insane in the free States. According to that document, of all the colored people in Maine—including not only the adults and youth, such as are ordinarily subject to insanity, but all the children, and infants, and youngest babes—one in fourteen was stated to be insane. In Michigan, one in twenty-seven; in New Hampshire, one in twenty-eight; in Illinois, one in forty-nine, and in Vermont, one in fifty-six, were called

insane. This was a pure creation of the imagination. The same marshals obtained, and the same document states, the numbers of the colored population, and the numbers of the colored insane, and both furnish proof of their own errors. In Maine, the town of Limerick is stated to have no colored persons, but four colored lunatics. Scarboro' had no colored people, but six colored lunatics. In Massachusetts, Freetown, Leominster, Wilmington, Sterling, and Danvers, are all stated to have no colored persons of any age or sex, yet each is stated to have two colored insane. Many other towns in the free States, according to this document, have the same wonderful faculty of making bricks without straw, of creating colored insanity without colored subjects for it to rest upon. The manuscript record of the marshal calls all the one hundred and thirty-three patients in Dr. Woodward's Hospital negro, and the published report includes all these among the colored insane in Worcester. This is the way in which the liability of free colored people to insanity is shown. And yet, our wise legislators believed the report. Moreover they published it, and made it a ground of legislative action. This has done an immense amount of political and scientific mischief. This misstatement has been republished in England, France, and Germany. Dr. Boudin, in his excellent work on medical and geographical statistics, endeavors to show that the increase of cold vitiates the mental health of the negro, and he does this solely on the erroneous statements of our census in 1840, that the colored insane are, in Louisiana, one in 4,310; in Virginia, one in 1,309; in Pennsylvania, one in 257; in Massachusetts, one in 44; and in Maine, one in 14, of all. If he had carried the principle further towards the north pole, he would have had more insanity than persons, and made the disease an abstraction without subjects, as the marshals did in many towns of the northern States. I met Dr. Boudin, the author of this work, in Paris, and told him that all this was an utterly baseless fabric of the imagination. He was glad to be set right, and said he would correct it, in his next edition. I merely mention this to show how loosely some national documents are compiled, and how unreliable those devoted to

science often are, and how cautious we should be in comparing the statements of one nation, or one period, with those of any other, especially in respect to the numbers of the insane.

Dr. Ray. I wish Dr. Jarvis to speak of the general deterioration of life. Is there more or less ill health now than formerly?

Dr. Jarvis. I know that this question is frequently asked, and many believe the tone of general health is lower now than formerly. But I think it is without sufficient reason. Has there been any decrease of the vital force in the community for the last forty or one hundred years? Do civilization, and progress, and refinement reduce the vital power of men? Some facts show to the contrary. In 1693, the British government issued a Tontine, to borrow millions upon the basis of certain lives, upon which they were to pay annuities. Mr. Pitt issued another Tontine one hundred years afterward, in 1790, upon the same basis, and it has been found that these lives were so much longer than those a hundred years before that the British government were obliged to give it up. It was ruinous, so great was the increase in the duration of life in the course of a century.

I think there are a great many deteriorating causes in civilization. A great deal of refinement refines only in the sense of attenuating life. Still, civilization has given an increase of comforts, better houses, and security against all the causes of suffering, cold, and storms, greater certainty of proper food, an increase of better cooks, though these are yet bad enough. Still, cookery is better than it was in the days of our fathers, and food is more convertible into blood, and that more convertible into muscular fibre, and that fibre is more enduring than in the earlier days. The general effect of all these is to protract life, and give it greater force to resist the causes of physical or mental disease, and more power of endurance, and make the number greater who will live beyond three-score and ten.

Dr. Ray. Would you not make a distinction between longevity and vital power?

Dr. Jarvis. The better health a man is in, the better are his chances of surviving the dangers of destruction. The more vital force and general health is increased, the greater is the diminution of the insane, at least, from this cause. Nevertheless, it is easy to see, that whenever sickness is averted and the average longevity is increased, by better habits, more abundant and appropriate means of sustenance and protection, and wiser self-management, there may be also a larger proportion of weak constitutions that are saved from destruction by the same means. I found a proof of this, a few years ago, in analyzing the bills of mortality of many nations. 1. That of a thousand children born in each country, more would survive the perils of infancy, childhood and youth, and enter on mature and responsible life, at twenty, in Massachusetts, than in England, Belgium, Sweden, and some other nations. 2. That of a thousand who should survive the age of twenty, and enter on working life, more would break down in this period, and die before the age of sixty, in Massachusetts, than in those nations. 3. Lastly, that of a thousand that should survive the period of labor, and enter on old age at sixty, more would reach the age of eighty here than elsewhere. The explanation is this. Man may be considered as a living, working machine, which requires twenty years of the greatest skill and care to build and prepare for use, otherwise it may fall in the process of building; but when well made and of proper material, it may run forty years or longer. If the builders are rough and careless, they destroy many of their machines before they are finished, and none but those of the strongest materials can survive their rough handling. But in the hands of skillful and careful workmen, machines even of weak materials are made and finished—though, from their inherent weakness, they can not last long in doing the ordinary work put upon them. In Massachusetts, where property is so equally distributed, the comforts of home, and the proper supply of food, protection, clothing, &c., are almost universal, and the people are so generally well educated that most mothers have a certain amount of administrative wisdom, and know how to take care of the children, better than women

elsewhere; more therefore survive the perils of infancy, and fewer weak constitutions are broken down. Massachusetts throws upon the active responsibilities of life more men of feeble constitutions, or machines made of poor material, because they are not broken down in making up. Again, in Massachusetts more people labor, and take heavy responsibilities, and more burden is thrown upon these machines, and more of them are broken down at thirty, during the working period, forty or fifty years before they have finished their work. In regard to those who survive the period of sixty, the same conditions that carried them through the perils of childhood carry them also through the discomforts and difficulties of old age, and more of them survive to extreme old age.

If you will indulge me, I will call attention to another fact, which proves the advantage of intelligence and skill in preserving infancy from destruction. I analyzed the reports of births, marriages, and mortality of England and Wales, for seventeen years, in order to see what connection there might be between the degree of intelligence in the domestic administration, and the life of little children. I divided the countries into three classes. In the best class, 31 per cent. of the women, when married, signed the register with their marks, and 69 per cent. could write. In the worst class, 63 per cent. signed their names with marks, and only 37 per cent. could write. This was the only manifest difference, but it indicated a corresponding difference in general intelligence, and of administrative wisdom. The second or intermediate class was omitted, and the comparison made between these extremes of education and ignorance. During these seventeen years, in the first class there were 804,170 marriages, 2,935,573 births, and 443,902 deaths of children under one year. In the worst class there were 749,927 marriages, 2,853,774 births and 541,906 deaths of infants. The first noticeable fact, is the larger proportion of births to the marriages among the less intelligent than among the better educated families. But the most interesting point, is the great excess of mortality of little children in the ignorant classes;

among whom about 19 per cent. of all that were born died before they were a year old, while in the more intelligent counties, only 15 per cent. died at the same tender age. Comparing these with each other, we see that there was 25 per cent. more deaths of infants in the less educated than in the better educated districts. This is a sacrifice of 111,272 to the ignorance of their mothers.

The progress of civilization is removing or diminishing the causes of human suffering, the sources of disease, and some of the fountains of insanity. With the increase of intelligence, men and women are better prepared to provide for and manage themselves and their families. People are better protected, better housed, and better nourished than their fathers were. I think the food at the present time is more digestible and more nutritious, and gives the body a higher tone of life than the food of the last century. This is especially true among farmers.

The discussion was continued till one o'clock, when the Association adjourned to meet in the evening at the Butler Hospital, which institution it was proposed to visit in the afternoon. After dinner, carriages were in waiting at the door of the hotel, and the members of the Association made an excursion to the Butler Hospital, about three miles from the city, and under the guidance of Dr. Ray, rode over its beautiful and extensive grounds, and subsequently passed through the wards, inspecting its interior arrangements and entire economy. Everything about the institution bore the most conclusive evidence of order and discipline, and the completeness of all its appointments.

At 6 o'clock, Dr. Butler called the Association to order, and Dr. Jarvis read a paper giving an account of his recent visit to English hospitals for the insane.

It was followed by a free discussion, in which Drs. Ray, Bemis, Butler, and Workman took leading parts, all of whom had visited European institutions. The subject of a Supervisory Commission, such as the English Commission of Lunacy, was discussed in connection with this paper. Such

boards were not favorably regarded, and the experienced Superintendents who had been abroad, were of the opinion that no good results could flow from their introduction into this country. On the contrary, that a roving Commission, unfamiliar with hospital life and duties, and the difficulties attending the management of such institutions, and intrusted with such responsibilities and powers, might accomplish a great deal of evil and but little good.

By some of the speakers, the nonsense and twaddle abounding in the English Commissioners' reports, were cited as evidence of the petty matters to which they directed their attention, and the superficial and unprofessional views they often entertained on the subject of the general treatment and management of both patients and institutions.

Adjourned to meet at 9 o'clock in the morning.

The members of the Association were then met in the private apartments of Dr. Ray, at the Hospital, in the evening, by a number of professional and other gentlemen from Providence, and partook of an elegant entertainment. They returned to the hotel at 10 o'clock.

FRIDAY MORNING.

This morning the Association met at 9 o'clock, Dr. Butler in the chair.

Dr. Buttolph read a short communication on the subject of aërated bread, which elicited remarks from Drs. Bemis, Jarvis, Butler and Tyler.

Dr. Jarvis then gave an account of his visit to the World's Statistical Congress, held in London, in 1860.

Dr. Jarvis said :

In 1860, I attended the International Statistical Congress at London. It included statisticians and sanitarians from every civilized nation of the earth. I was especially a member of the sanitary section, which gave its attention to all matters connected with health, sickness, vital statistics and mortality. Among others, the subject of Hospitals received much attention ; and their management, their support, their efficiency, and the best way of extending their usefulness and influence,

were considered, in all their bearings. The power of a hospital extends beyond the field and time of its action. All its observations and experiences can be made, and should be made, to teach lessons of wisdom to the great worlds of science and of humanity, in present and future time. But great complaint is made, by those who would everywhere learn, of the want of system and uniformity in hospital reports, whereby their power is weakened, and their influence greatly diminished.

It was therefore voted to request the managers of hospitals everywhere, and especially of hospitals for the insane, to publish their reports in full, and on one uniform plan, alike for all the world. That the plan embraces all the important facts analyzed and reduced to a system, so that the important principles could be readily understood by whosoever would read and profit by these reports. It was also voted that this resolution be presented to the hospital managers of every nation, and they be urged to agree upon some system or plan, and all be requested to adopt it.

This request comes from good authority. The men of that Congress were there, who, in their several nations, give the most attention to the sanitary interests of the people, and to the best means of strengthening every influence that will promote them. I think none of them, except Dr. Varrentrop, of Frankfort, were, or had been, managers of insane asylums, yet all were familiar with such establishments, and the best methods of caring for their inmates.

There is much reason for this request of that Congress, as all, who wish to study the history of insanity and profit by the experience and teachings of those who have its management in their hands, have had too much cause to know. There are forty-two lunatic hospitals in this country, which publish reports of their history, progress and condition, and no two of them are alike in all their presentations of facts, or their deductions. More than this, the series of annual reports of the same institution, are not always on the same plan. It is impossible to establish principles founded on the basis of the whole experience of the country. The psychological student,

when looking through the records of many hundreds of patients that have been in one hospital, and many thousands that have been under the observation of all our hospitals, is often disappointed to find that so few of these facts are generally, and still fewer universally, available for any one purpose. In tracing any class of facts, in any series of reports from the same institution, he is, now and then, forced to find himself running into a vacancy. Wishing to determine the proportion of the sexes subject to insanity, he finds that some hospitals distinguish the sexes, and some do not. Some make this distinction in some years, and omit it in others. Desiring to ascertain the proportion of recoveries, he finds that although the facts of the restoration are generally stated, sometimes they are merged into the general head of discharges. Wishing to ascertain the kinds of influences that disturb the brains of the two sexes, he is unable to avail himself of the experience of some, who say nothing of causes, and of others, because they do not distinguish the sexes in this connection; and some, although they state these facts in respect to each individual patient, yet make no summary, but leave it to the student to labor through a series of patients and make the summary for himself. I have, for this purpose, gone over a list of several thousand cases, and analyzed the facts that were connected with each, and made my own tables and deductions. But this is a labor that few will undertake, and rescue such series of statements of individual facts as are of very little value to the world, who want the statements, tables, deductions and principles to be so presented that he who runs may read, for they have neither the time, the patience, nor the power to make these analyses, and yet they none the less want and need the instructions that might be given.

I am well aware that some differ from me in regard to the value of statistics, and deem other matters of more importance. I do not undervalue these other matters, but I consider the facts, their kind, their measure, and their number, very essential to confidence in any conclusion that may be drawn from them. I do not want Dr. Ray to abate one jot of the teachings of his sound philosophy, and trust he will give us much more out of

the rich treasures of his observations and understanding. But I want also to know the ground on which he stands, the facts which are the productions of his philosophy, and I can make them useful to others. The world is not always credulous. It is not satisfied with the doctrines we offer, but it demands to know on what basis those doctrines rest. The statistician wants to know not only the number of the facts, but their kind, and relation, and with them he can draw many valuable deductions.

Dr. Gray, from the committee on resolutions, reported the following, which, on motion of Dr. Langdon, were adopted :

Whereas, at this session of the Association we have been received by our brethren of this city and many of its citizens with a cordial welcome, and entertained in the true spirit of hospitality—have been permitted to visit their many interesting institutions, their work-shops and factories, filled with evidences of the most advanced mechanical art, and their scenes of great natural beauty and historic interest, therefore

Resolved, That to our professional brother Dr. Ray, and to Dr. Mauran, are hereby tendered our warmest acknowledgments for their constant, unwearied and highly successful efforts to render our visit one of mingled pleasure and instruction.

Resolved, That to the Superintendent and Trustees of the Butler Hospital, we would express our grateful sense of obligation for an excursion, replete with interest and satisfaction, to Newport, a spot renowned in our land for its gifts of nature and its historical associations, and also for the elegant hospitalities dispensed to us on the occasion of our visit to their institution, where our examination of the delightful grounds, the neat, pleasant, and comfortable wards, filled with the best appliances for ministering to the mind diseased, and the cheerful, well-cared for patients of that institution, confirmed in our minds its preëminently high character as a curative institution.

Resolved, That our thanks are also due to President Sears, of Brown University, to the President of the Rhode Island Historical Society, and to the Directors of the Athenæum, for invitations to visit those institutions, and for the courtesy and attention received during our visit.

Resolved, That to the Trustees and officers of the Providence Reform School, the Association would express the grati-

fication and deep interest inspired by their visit to that institution, and their appreciation of the useful and important work there accomplished in the reformation and elevation to usefulness of the unfortunate and neglected class of youth committed to their charge; the neatness, order, industry, kindly discipline, and multiplied evidences of comfort on every hand, are ample proof of the vigor and wisdom of its administration.

Resolved, That to Alexander Duncan, Esq., of Providence, we would present our thanks for his polite and cordial hospitality on the occasion of our visit to his delightful grounds and elegant mansion; and to Mayor Cranston and Dr. Dunn, of Newport, for their indefatigable efforts to entertain us, and exhibit to us the many objects of interest in their ancient town.

Resolved, That we would also express our thanks for the kindly manner in which we were received at the works of the American Screw Company, and for the attention shown us while passing through their interesting and instructive premises.

Resolved, That the proprietors of the City Hotel, by their careful attention to our comfort while in their house, and by placing at our disposal ample rooms for the session of the Association, are entitled to our cordial thanks.

The meeting adjourned *sine die*.

DR. GEERDS, OF GREIFSWALD, ON THE ORIGIN
OF PSYCHICAL DISEASES. TRANSLATED FROM THE
ALLGEMEINE ZEITUNG FUR PSYCHIATRIE, BY A. O. KEL-
LOGG, M. D.

UP to the present time, men have been shy of attempting to interpret psychical processes upon physiological principles; yet it does not seem inconsistent to explain the mental activity by its analogy to other nerve-phenomena. For all life-activities (*lebenstätigkeiten*) there is a structure in the central organ of the nervous system, which, as it were, stands bound to the peripheral parts of the body by guiding threads, partly

to receive impressions from the outer world, and partly to interpose in the functions and emotions of the parts impressed. For motion, sensation, and mental activity, as well as for the vegetative functions, anatomical provision has already been pointed out; there are groups of cells, which, receiving impressions through nerve-fibres, give forth their activities; distinctly formed cells have been found for individual functions (Schroeder von der Kolk:) not only the sensory are shown to be distinct from the motory by size and figure, but also, every sensory nerve has its particularly formed and regularly ordered ganglion-cells, from which it springs.

For the psychical functions, up to this time, we have not been able to find any distinctly marked anatomical paths. That such *exist*, however, we are forced to believe, and, indeed, it is not to be doubted, that the source of mental activity is in these, and that through them it is continually renewed and supplied.

Our knowledge of the minute structure of the brain extends to the roots of the sensory nerves. Why may we not be able to find in the remaining labyrinth of cells and connecting nerve-fibres, which are either directly or indirectly in connection with the granules of the sensory nerves, the *laboratory of thought?* Already individual nerve-fibres are pointed out (Schroeder von der Kolk,) running between groups of cells, and which absolutely excite the peculiar activities of these. Wherefore should there not be also such conductors of the will for the separate cell-groups, which may serve as an anatomical basis for this or that circle of conceptions? Whether such will ever be demonstrated is indeed a question, but to accept the fact of their existence is, no doubt, justifiable. We shall be able to determine the anatomical traces of thought, when we shall have been able to find cells specially formed for the production of conceptions. That these lay on the outer surface of the brain, we are led to conclude from the fact, that disturbance of the regular course of thought is the usual result of inflammation of the membranes of the brain, and, in mental diseases, the stratum of cells on the outer surface of the hemispheres, as well as the ventricles, has been found degenerated.

The nervous activity in the new-born first manifests itself in the vegetative functions, motion, and feeling. Then the nerves of sense take up impressions, yet all is dark and unarranged, and the motions are to be regarded as phenomena of reflex action. Through these unconscious perceptions, through the operation of the outer world upon the organism, through the constant change of what is received, and the springing up of functions, there is gradually developed a distinct state of feeling, which has been designated as self-consciousness, common feeling, (*gemeingefühl.*) Upon the fortunate or unfortunate procedure of these functions, hangs, most significantly, the dispositions of men, which by this dependence can be made very diversified. Indeed, from the manner, and according to the constant or changing development of these dispositions, the *temperaments* have been distinguished, which naturally are never the same in each individual man. With every self-conscious individual there is now formed, through physical dispositions, (desire and aversion,) and spiritual influences, (joy and sorrow,) a peculiar life-sensibility, (*gefühlslaben.*) which we are commonly accustomed to denote as mind, soul, (*gemuth.*) Impressions are imparted to the brain through the nerves of sense, which reflect the condition of the outer world. Through repetition of such impressions, there is also created, without the coöperation of the organs of sense, but through the central activity, conceptions, which are diversified according to the diversities of the mind. Next, the child has only sensual conceptions. With the further development of the central organs, a higher order of ideas is formed,—ideas formed from the organs of sense, and the comparison of these, one with another. Most material is furnished by the organ of vision. This gives the conceptions of size, space, color, etc. The sense of hearing gives those of tone, noise, stillness, etc., and so every sense furnishes its distinct abstract ideas, which, by comparison and coöperation, furnish the complex operation of thinking. The faculty to operate with such thought-material is called *intellect*, understanding, (*verstand.*) Now, as the child passes by degrees from simple reflex movements to absolute capacities of emotion, there is also developed, as

it were, out of the materials of conception, and under the influence of life-sensibility, (*gefühlslaben*,) an organism for thought, which, by suitable education, can be perfected to a marvellous degree of fineness. This thought-organism now constitutes the spiritual being (*wasin*) of the man, his *soul* (*seele*), his *I*, set free by the first approaches of self-consciousness at birth.

Glancing back at what has now been said, it is clear that the mental activity fashions (*aufbaut*) the soul, and that the saying of Aristotle, "*nihil est in intellectu, quod non prius erat in sensu*," is undoubtedly true.

For an opposing or regulating force to the motory apparatus, there is a central function given, the will, which is also of influence in the excitation of pure central activity to the production of a succession of ideas; even as the will, by means of a single filament proceeding from the brain, can call into activity ganglion-groups in the spinal cord, with the complex periphery of muscular nerves proceeding from it, so, apparently, can it call into activity groups of ganglion-cells in the brain, and excite them to the production of conceptions.

The similarity between these ganglion-cells and those of the electrical organs of certain fish, justifies the assumption that there is also a force generated in them, which calls forth the life-phenomena of the organism. If this apparatus is similarly charged, perhaps the condition may be designated as central expansion.

The signal of such central expansion is given, commonly, through the influence of the will; a more dark, unconscious sign of the same is designated as *impulse*, and with more complex functions as *instinct*. In vegetative life this unconscious discharge is a rudimentary principle.

Diseases of motility, as well as of sensibility, arise partly through faulty burdening of the central apparatus, and partly through obstructions in the regulating or conducting power, and thus we see, on the one side, spasm and paralysis, and on the other, pain and diversified disturbances of feeling. A similar condition is, indeed, apparent in mental diseases.

The cause of all mental diseases can doubtless be traced back to faulty burdening, or faults in the conducting or directing power of the nervous apparatus.

That the condition of the cerebro-spinal and vegetative systems are often coöperative, is shown by the circumstance that their roots generally run so near in connection that they cannot well escape common influences. Thus, some mental diseases begin with disturbances of feeling. The impressions of the outer world are either unperceived or falsely perceptible. The patient feels his members useless, or as if made of glass, or of wood; in his bowels he feels a creeping thing, muscular and common feeling is changed, and mental disturbances arise. These changed conditions of feeling are wont to precede melancholia, which, indeed, may not inappropriately be designated as cerebral paraesthesia. The abnormal sensations are falsely interpreted. The patient mistakes himself. Feelings of displeasure press heavily upon him; his will does not re-act, and we perceive with the approaching evil complete abulie, *melancholia attonita*, and catalepsy arising. I believe that all these conditions, with perhaps a healthy state of the conducting powers, may be traced back to defective burdening of the central apparatus. Melancholia contrasts strongly in every point with mania. Here we have elevated consciousness, happy dispositions, irresistible and pressing conceptions, and muscular actions. The will no longer controls the impulsive explosion of the storms of emotion. In short, if the comparison will be allowed, a maniac gives the idea of a spark flying to a highly charged apparatus, lighting up, as it were, in it an involuntary discharge. Yet all these fluctuations of feeling, these anomalies of disposition, these pressing emotions, are not accustomed to continue long. The patient becomes composed, the effects disappear, he judges dispassionately, though often not less perversely, as to his condition. From this spiritual dejection (*gemuthskrankheit*) there results intellectual disease (*verstandeskrankheit*:) the secondary form is fashioned from the primary.

The melancholie who has been driven to and fro by spiritual emotions, depends no more upon his former imagi-

nations, loses by degrees all remembrance of them, forsakes forever his odd fancies, all their rule over his conceptions is lost, his thoughts no longer turn to the significance of abnormal sensations, self-consciousness disappears more and more, the old *I* crumbles under the storm of changed feelings, and there now only remains a planless entanglement of various kinds of spontaneous, self-engendered conceptions, without cohesion, and wholly undirected by the powers of the will; and from the melancholiac results the madman (*verruckter*.)

With raving madness (*tobsuchtigen*) things are fashioned quite differently. With elevated self-consciousness he believes himself foreordained, immensely rich, king, pope, etc. All his conceptions stand in relation to this circle of ideas; his augmented feelings of power deceive him as to the truth of this. So by degrees the old *I* is lost in the background, and from these fresh and complex conceptions, a new *I* is fashioned. The raving (*tobsuchtigen*) becomes the deluded (*wahn sinnigen*) maniac.

If the mental disease ends in complete weakness of all the bodily and mental funtions, we have the form of dementia (*Blodsinn*.)

The course of insanity, when accompanied with rapid extinction of all nervous activity, furnishes the form known as paralysis.

Let us now seek a physiological explanation of the conditions just described.

It is an old and recognized physiological position, that the influences of the outer world are only our own perceptions (sensations, *empfindungen*.) If now, with an incipient melancholiac, the intellectual centres perform their functions otherwise than they have been accustomed to—if he finds his limbs, or his intestines otherwise than what they have been—if he hears voices, or sees figures in the outer world which have no corresponding cause, he is led astray, and these come in contradiction with all his former experience. The explanation of these abnormal appearances falls upon another group of conceptions; the old will be neglected and a new series of cells set in motion, which the psychical

act of explanation of these abnormal appearances interposes. The fluctuation in the state of the feelings causes likewise certain cell-groups to be called into requisition in such rapid alternation that the circle of cells which corresponds to them is particularly liable to be impinged upon by every trifling psychical irritation, and, like what we see in the motor department in St. Vitus' dance, the circle of conceptions is spasmodically and involuntarily loaded, so that the patient can no longer direct an ordinary course of thought by means of the will, and the spontaneous discharge from the group of conceptions is more or less given up. So by degrees every thing which capacity and education has previously built up in him is lost. The old paths, with cell-groups for distinct trains of ideas, obedient to the mandates of the will, become forsaken, obliterated as it were, and the spontaneous but irregular functions take new ones, and their activity furnishes anew the whole contents of the man. So that in place of a regular train of thought, following the mandates of the will, there has arisen a dark, confused, spontaneous, self-engendered circle of conceptions.

If these new and faulty paths can once more be forsaken, and the authority of the will over the old group of conceptions be again established, then is the patient cured. On the other hand, if the old paths become impassable, an incurable madman is the image of this inner ideal disorder.

The equivalent of this in the motor department may perhaps be *paralysis agitans*.

If an incipient maniac, animated by feelings of the highest prosperity and inexhaustible power, is constrained to develope his might and accomplish great things, he soon becomes deluded as to his *personality*. The train of ideas which was accustomed to guide his old personality is lost, and a new path is struck out, which permits him to appear as King, Pope, Christ, etc. All imagination is drawn about this circle of ideas, and as his former personality was the result of early education, so the frequent impinging upon a new group of conceptions begets in him a new personality.

If now, there occurs in the course of the time, a tranquil

rest to the heavy laden nervous apparatus, the group of cells which represents the old personality again comes into activity, and the patient is cured; but if these have now become impassable, then the complexity of cells which represents the new personality continue in function, and we have before us an incurable misconceited madman (*wahnsinnigen*), who continually cultivates new and similar conceptions, that help to strengthen the new *I* (*Ich*.)

If, moreover, after the occurrence of irritation or inflammation, nothing transpires sufficient to arouse the cell-groups to renewed and healthy activity, and the patient becomes impassable, the power to form conceptions is either entirely lost, or becomes in the highest degree circumscribed. Commonly the cell-groups which correspond to the will are partially obliterated, so that ideal and emotional activity appear very imperfect. We have now before us the image of an imbecile (*blodsinnigen*—demented,) but one whose life, with sound vegetative activity, can long be preserved.

With a sudden breaking down of all cells affected by disease, we see the powers of emotion and conception rapidly vanish. This is the kind which usually suspends the nutritive changes in the peripheral organs, and precedes the rapid wasting away to speedy death. After conditions of exaltation, this is the usual end of the so much dreaded *paralysis*.

Now in conclusion, touching the development of the mental faculties in man, I believe that all the functions performed in the brain exist to this end, and only need education to be brought out. Even as the olfactory, which may be regarded as an accessory ganglion of the hypoglossal granules, is far more remarkably developed in man than in animals, in whom the tongue performs very subordinate functions, even so we may suppose that with individual men, the granules of this or that sensory nerve, or the cells for this or that group of conceptions, may receive a correspondingly strong development. Education has now the task to discover the innate abundance or deficiency, and proceed according to this diagnosis to exercise more particularly the sparsely furnished cell-material, in comparison with that more abundantly bestowed,

in order to build up such a personality as may be developed from the material stock originally bestowed.

Every thing which excites the nervous system, or disturbs the circulation, furnishes a predisposition to mental disease. Whether this is brought about by psychical or mechanical causes, the effect is the same. It is by means of alterations in the preparation of the blood, and the irregularity of the nutritive changes in the brain-cells, that the anomalies of psychical functions are brought about.

That this is really the case, is shown by the transient condition of typhus, intoxication and narcotism, in which a transient insanity may be artificially engendered.

I will only remark, in conclusion, that those qualities of humanity, the divine nature of which can not be supposed to possess any inherent material, must remain comprehensively untouched by any physiological deductions.

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1. The most important fact in the history of the Maine Hospital for the past year, is the introduction of steam-heating and forced ventilation, in the best manner, and with gratifying success. Dr. Harlow refers to this improvement as follows:

"It was deemed impracticable to combine steam-heating with the old hot-water apparatus, and apply the fan-blower; consequently, the old method of warming with hot-water circulation was discarded, and an entire new steam apparatus has been put up, sufficient to warm thoroughly all that part of the building occupied by patients, and a portion of the main house. The works embrace a one-story boiler-house, 50 by 30, and its appendages, situated over 100 feet north of the building—three tubular boilers, 14 by 4—forty-five thousand lineal feet of wrought iron steam-pipe, mostly of one-inch caliber—an engine of ten-horse power, and a centrifugal fan-blower twelve feet in diameter, capable of driving into the building forty thousand cubic feet of air per minute. A cold-air duct six feet square extends from the engine-room and fan in the boiler-house to the basement of the north wing, where it divides and a branch extends to the east end of this wing, while the main duct continues across the basement of the same, runs under the old north wing, passes out into the yard by the center building, then turns and goes under the old south to the new south wing, where it turns and runs the length of that to the east end of the same. From the top of the boiler-house the fan-blower takes the pure fresh air and drives

it the entire length of the duct, and into the warm air-chambers under each wing which lie contiguous to it, through openings at the base. From the warm air-chambers it passes rapidly into the various wards and rooms through the flues prepared for that purpose, thus keeping a current of warm fresh air passing constantly into all the wards at the same time.

"The apparatus was completed, and the steam let into the pipes, on the 22d of October, since when we have enjoyed all the benefits of this new method of warming and ventilating, and from the short experience we have had, we feel that it will meet the expectations of all concerned. There are now, save in the kitchen, no fires in the basement of the building, which gives us an immunity from accidents by this fearful element, never enjoyed before."

It is thought by the Trnstees, that the expense of fuel and labor will be greatly increased by this change, and that in order to bring the current expenses of the Hospital within its income, an addition must be made to the price of maintenance. This is now two dollars per week for the public patients—80 per cent. of the whole number—and two dollars and a half—the minimum charge—for the private class.

About sixty acres of land have been added to the farm of the hospital, since the date of the last report, and many other useful repairs and additions have been made.

135 patients were admitted during the year, 123 discharged, and 252 remained. 55 were discharged recovered, 25 improved, 16 unimproved, and 27 died.

2. The history of the Worcester Hospital for the year 1861, contains little worthy of note. The general results of treatment are very satisfactory. They are: Admitted, 251; discharged, recovered, 131, improved, 35, unimproved, 8, died, 30—total, 204; remaining, 379. We find the recoveries to be in the ratio of fifty-two and one-fifth per cent. of the admissions, or twenty-one and a half per cent. of the whole number treated. They are also stated to bear a proportion of "more than one hundred per cent. to the number of those whose insanity had existed for a period less than one year."

3. Dr. Choate presents an interesting account of the operations of the Taunton Hospital for the past year. The number

of recoveries, as well as that of admissions, has been larger than ever before, and no untoward event has occurred to lessen the satisfaction given by the general results. These are as follows: Admitted, 251; discharged, 202; remaining, 411. 119 were discharged recovered; 11 improved; 12 unimproved, and 52 died.

Dr. Choate reiterates an opinion which he has stated in former reports, that no more than four hundred patients ought, at any time, to be within the walls of the hospital. In regard to this subject, he says:

"Two dangers, different in character, but both to be dreaded, attend the filling up of an institution of this character far beyond its original intention and design. The first is danger of accidents and casualties among its inmates. The second is the tendency to gradually deteriorate into a mere receptacle for the safe-keeping of its inmates. The first is to be combatted by renewed vigilance, increased devotion of care and attention, and a more rigid adherence to rule and discipline. That it has been thus met in this institution, our entire immunity from any unpleasant accidents of a serious character, while caring for seventy per cent. more patients than our accommodations were designed for, is sufficient evidence."

Respecting the fitness for treatment of certain classes of patients sent to the Massachusetts hospitals, Dr. C. remarks:

"In view of the great and increasing pressure upon the State lunatic hospitals, the question arises, not devoid of interest, nor inappropriate to the present report, whether a class of patients are not sent to the hospital, who neither are likely to receive benefit from its medical treatment, nor are of such a character as to need its restraining influence and custodial care. A careful consideration of this matter has led me to the conclusion, that the cases are extremely rare, in which patients are unnecessarily or improperly or unwisely committed to the hospital.

"Occasionally a stray vagrant, who is destitute of friends, and perhaps, from want of knowledge of the language, is unable to make known his wants and feelings and condition, is sent to a lunatic asylum, when he might with equal benefit to himself, and with economy to the community and advantage to the hospitals, be committed to some receptacle for the poor. But with persons having friends and a home, whether

rich or poor, there is greater danger of their being retained at home so long, that medical treatment will have no avail, than there is, that they will be brought before a necessity actually exists."

There cannot be too much of argument or advice in behalf of early removal from home, and special treatment, in insanity. But the question, whether with equal benefit to themselves, and with economy to the public, and advantage to the hospitals, a large class of hopelessly demented patients may not properly be maintained elsewhere than as at present, must be answered in the light of a wise expediency, and not in that of an impracticable optimism. The enormous debt with which the resources of this country will henceforth be burdened, must, we fear, have the effect greatly to embarrass the working of our public charities, under the wisest possible administration. We can only hope that this great and sudden change, from a state of almost superfluous wealth to the present sad condition of public affairs, may be so met as to save our noble system of charities—among other things of priceless value—from serious harm.

4. The statistics of the hospital at Northampton, for the fiscal year, 1861, are as follows: Admitted, 122; discharged, 105; remaining, 332.

This hospital is progressing slowly in the path of alteration and improvement, which seems to be the inevitable lot of new institutions. That its inmates have, in a great part, been the chronic cases of the older hospitals, we suppose accounts for the fact, that the condition of those discharged is not given in the report. Dr. Prince does not refer to any topic of general interest to the profession.

5. In his present report, Dr. Ray comments upon American law, in its relations to the person and property of the insane. He first alludes to the remarkable progress, by which, during the past century, laws and their administration have become more enlightened and humane. A man is now seldom hanged who is pronounced, by competent authority, to be insane. If a jury, under the dominion of unusual stupidity, or prejudice, or foreign influence, convict him, there is good sense

enough in the community to prevent the execution of the law. If caught in the toils of artful men, who have taken advantage of his infirmity to draw him into ruinous transactions, the law will give him all the protection he can reasonably claim. Notwithstanding the advance thus indicated, it is none the less true that many of our laws and legal practices respecting the insane, do not correctly reflect the present state of our knowledge concerning their disease. The disposal of persons who have been tried for crime, and acquitted on the ground of insanity, is differently provided for in different countries, and in different States of our own country. Under the common law, persons thus acquitted were immediately set at liberty, and it is within a comparatively recent period that this course was prevented or modified by direct legislation. But no provision has yet satisfactorily met all the requirements of the case. The difficulty consists in reconciling the public safety with private welfare, which can only be accomplished imperfectly at best by human wisdom.

Dr. Ray makes three classes of the persons who are the subject of his remarks. First, those who at the time of trial are supposed to have recovered from their insanity; second, those who have had previous attacks, and will probably again relapse; and third, those who remain insane at the trial, with more or less probability of recovery. In England, and in some of our own States, the law provides that persons acquitted in a criminal suit on the ground of insanity, shall be committed to some place of confinement. They may be sane, but the verdict establishes nothing as to the present condition of the prisoner, and he is thus liable to perpetual confinement. In England he is thus confined, and it is easy to see that great injustice may sometimes be done. In this country, the courts are ready to grant the writ of *habeas corpus* in these cases, and on proof of recovery the person is discharged. But no doubt the law ought to be so modified that no one who is in full possession of his senses, guiltless of crime, and free from any decided tendency to mental disorder, should be deprived of personal liberty. The various considerations which bear upon this nice point of legal rule and practice, are brought

forward with that ability and learning which mark all the writings of Dr. Ray.

In regard to the second class of these persons, no doubt their unconditional liberation should not be allowed. Perhaps certain cases of this, and similar ones of the first class, might be enlarged, on the friends becoming responsible to the public for their good behavior. It can scarcely be questioned that for subjects of the third class, where the criminal offence is of the highest grade, perpetual confinement should be the rule.

Incidental to the question of confinement, is that of the place in which it shall be effected. And here Dr. Ray takes occasion to illustrate the unfitness of jails and prisons on the one hand, and of hospitals for the insane on the other, for this purpose. In States which have a sufficient number of this class to warrant such an establishment, a separate asylum, like that recently opened for the criminal insane in this State, is recommended. In the lesser States, it is thought that the appointment of a Commission by the Judicial or Executive authority, with power to select and place in a hospital with the non-criminal insane such of the criminal class as might be properly so disposed of, would be the best possible course.

We conclude this abstract of Dr. Ray's views on the general subject of his essay, with the modifications of legal rules which he recommends :

"It now remains for us to indicate, in conformity with the above views, the provisions that ought to be embodied in a legislative act respecting the disposal of persons who have been acquitted, in a criminal suit, on the plea of insanity. They are as follows :

"The ground of the acquittal being stated by the jury, the court shall commit the prisoner to the prison or county jail.

"Whenever the liberation of such person shall be claimed on the ground of recovery, the court shall appoint a commission to make inquiry into this fact; and if satisfied by their report that recovery has taken place, the court shall order his discharge.

"If the person thus recovered shall have had a previous

attack, he shall be discharged, on condition that his friends recognize in a suitable obligation for his good behavior.

"If at any time the court shall be satisfied by the report of a commission appointed for the purpose, that the person, though still insane, has become harmless in consequence of some change in the form of his insanity, or the occurrence of bodily infirmity, it shall consign him to the custody of his friends on the same terms as the last mentioned.

"If in the opinion of the court at the time of trial, or at any subsequent period, the person's recovery would be promoted by being confined in a hospital for the insane, rather than the jail, and no important point compromised thereby, it shall signify this opinion to the Governor, who shall be authorized to carry it into execution.

"Thus, all possible exigencies are provided for, not, however, without leaving much to the discretion of the court. This is unavoidable, and in no better hands can such discretion be left than the judicial."

The yearly statistics are as follows: Admitted 53, discharged 45, remaining 135. Of those discharged, 22 were recovered, 5 improved, 4 unimproved, and 14 had died.

6. Dr. Gray reports 532 patients under treatment in the New York State Asylum, and that 295 patients had been admitted, and 280 discharged, during the year. Of the latter number, 83 had recovered, 58 were improved, 108 unimproved, and 31 died. The following particulars of those admitted are interesting:

"Of the 295 admitted, 86 were insane more than a year before admission; 11 were epileptics, and 9 were suffering from paralysis. Of the 295 admitted, 39 were re-admissions. Of these, 31 were received for the second, 3 for the third, 4 for the fourth, and 1 for the fifth time.

"Forty-six were strongly marked suicidal cases, most of whom had attempted self-destruction before admission; 14 others were homicidal, and 4 suicidal and homicidal.

"One man and two women received were, after observation, found not to be insane, but cases of confirmed inebriety.

"Two of these cases were sent by the public authorities, and one by friends, and all under medical certificates of insanity. We continued to receive frequent applications for the treatment of persons of intemperate habits, but while

unable to accommodate the insane, we must refuse admission to this class."

The most notable incident in the history of this institution for the year, is the transfer of the male insane convicts from it to the asylum at Auburn. Dr. Gray remarks upon this subject as follows:

"In April, the sixteen male convicts, who for several years past had been confined in this institution, were removed to the asylum at Auburn, erected and organized for that class of the insane. The establishment of an institution for the treatment and safe custody of the criminal classes has been acknowledged to be a necessity in this State for some years. It was impossible to preserve discipline in the prisons, and commingle the insane with the convicts at labor; and clearly, it was wrong to confine the insane day and night in cells. To send them here was a great wrong to the afflicted, and an injustice to society. The idea of treating convicts with the ordinary insane could not be justified as a matter of expediency, or of sympathy with the criminal. The State has inaugurated a progressive step, in the erection of a special institution for insane convicts—the first in the United States—and the precedent now established will, we trust, become a settled policy, and finally embrace the exclusion of all classes of 'criminal insane' from the ordinary asylums, and secure their treatment in separate institutions, or in wards adjoining and connected with the hospital department of the prisons, and under the care of the prison or other competent physicians. England has a central criminal institution for this class, and in Canada a 'Lunatic Jail' capable of accommodating 300 persons is in course of erection at Kingston. While the State is not first in the movement, she is nevertheless keeping pace with the highest civilization of the age, and laying a broad and comprehensive foundation for a just classification in her public institutions, charitable and correctionary."

7. Dr. Buttolph is able to record the near approach to completion of an improvement which he had recommended in his last previous report. The center-building of the asylum has been enlarged by the erection of a very substantial stone-structure, forty by sixty-five feet in size, with a half-octagon projection in front. It is three stories in height, with cellar. The lower story will be used for additional cooking and store-

rooms, the second for receiving rooms, offices and bed-rooms, and the upper for a chapel. The latter has been decorated in fresco, furnished with permanent, cane-bottomed seats, and with enameled glass windows, and lighted with gas from two points at the ceiling, by the aid of double reflectors. On the subject of religious exercises for the insane, Dr. B. remarks :

"On the general subject of the utility of judiciously conducted religious exercises in institutions for the insane, there can scarcely be a difference of opinion among those who have carefully observed their influence. This truth is more fully established also, when the bearing of the moral and religious sentiments or feelings on the other faculties of the mind is correctly estimated, and this to a greater extent, even, in some cases of mental disorder, than in health.

"That the healthy balance of mind is not unfrequently disturbed by the irregular and excessive exercise of religious with other feelings is quite true, but this should no more be regarded as an objection to their natural and legitimate exercise than should the effect of the abusive use of any physical agent on the bodily health. The important point to gain in the use of moral and religious, as of all mental and physical agencies used, is to restore, if possible, the lost balance in the faculties of the mind; or, if this be impossible, to place the individual in such circumstances as to favor the greatest enjoyment in his broken and disordered state. The calamity to an individual of a state of permanent mental disorder is so great as fairly to entitle the sufferer to all the aid that can be furnished by the most enlightened action and sympathy of his fellow men.

"With these principles and sentiments in view, we recommend and urge attention to such architectural arrangements and religious exercises in institutions of this kind as are adapted to call forth and strengthen the moral and religious feelings, believing that if successfully done, these, like other mental agencies, will prove highly salutary."

The yearly statistics are: Admissions 148, discharges 154, remaining 334. There were discharged recovered 75, improved 54, unimproved 2, died 23.

S. The Pennsylvania Hospital for the Insane now comprises two buildings, one for each sex, each with accommodations

for sixteen distinct classes of patients, and surrounded with extensive pleasure-grounds and gardens.

"It may fairly be regarded as providential," says Dr. Kirkbride, "that the two great objects to which allusion has been made—the erection of the new building and the complete renovation of the other—were undertaken and completed just when they were. Great as must have been the necessity for the work which has been so thoroughly done, we should hardly have had the courage or the faith to have commenced it at any time since it was finished; and it is to be feared that a very considerable period may yet elapse, before our community will feel willing to enter upon any new benevolent undertaking sure to require such large expenditures."

Dr. K. writes, as usual, a very elaborate and interesting report. His remarks on Hospital Economy, and on Patients' Companions and Attendants, are especially worthy of notice. We are obliged, however, from want of space, to refrain from copying any portion of them.

182 patients have been admitted, and 201 discharged, during the year, and 255 remained under treatment. 92 of the discharged had recovered, 48 were improved, 32 unimproved, and 29 died.

9. The Hospital at Harrisburg, situated upon the line of march to the Potomac of a large part of the Union armies, and in the vicinity of an extensive camp, has been called upon to perform new and unexpected duties, during the past year. Dr. Curwen says:

"To the officers and all employed in the Hospital, it has been a source of sincere gratification to have been able to have contributed, even in a slight degree, to the comfort and gratification of those who had been summoned to the defence of their country.

"From the very commencement of the National troubles, every appliance of the Hospital which could be of service has been freely placed at their disposal. During the spring and summer, thousands of pounds of beef and ham were cooked and hundreds of gallons of coffee were made for those who were pushing onward to Washington, or who were

returning ; whatever articles could be made for the sick were prepared whenever they were desired ; during the fall and winter, thus far, all from the camp who desired it have had the opportunity of bathing and of using the appliances of the laundry, and to none have we denied the privilege of becoming acquainted with the arrangements of the Hospital.

"While thus affording to those of our State every facility they desired, we have not been unmindful of the obligations of citizenship in ministering to those of other States, Ohio, Michigan, Wisconsin and Minnesota, who, by the necessities of their position, required such assistance as it was in our power to afford."

For the first time since the opening of the Hospital, it has been necessary to return a number of incurable patients to the care of the counties whence they had been received. Dr. Curwen makes this the occasion of presenting anew the usual arguments for increased accommodations for the insane, "so that every one laboring under such an affliction, within the bounds of the Commonwealth, can be able to partake of the advantages, which, at this time can be given but to a portion of this class of sufferers." Against an appeal so purely philanthropic in its motives as that of Dr. Curwen, it seems almost ungracious, even in behalf of sober truths of political economy, to hint that the stock reasoning upon this subject in our reports is possibly not of a kind to stand the test of logical rules. But this task need not be devolved upon any one. Let us acknowledge that hereafter in the history of this nation—if indeed we can confidently anticipate a history for our distracted and debt-burdened country—public hospitals of palatial size and costly administration, for the demented and chronic insane, are out of the question. And he will be most deserving of honor who shall first demonstrate how, in local and simple buildings, to combine a proper care with some provision for useful labor, in the decent and humane support of this class.

The yearly statistics are : Admissions 134, discharges 145, remaining 280. Of those discharged, 30 had recovered, 50 were improved, 49 unimproved, and 16 died.

10. Dr. Worthington's report of the Friends' Asylum is, as usual, one of the most interesting and excellent of its kind. In conception and finish it is no less creditable to him as a writer, than in its matter it is worthy of his high position as a physician and Superintendent of an Asylum. It is not his custom, however, to introduce the discussion of medical and scientific subjects into his annual reports, and there is little that we are called upon to transfer to our pages. The history of the Friends' Asylum for the past year is without any incident of extraordinary interest. During forty-five years, under the faithful and prudent management with which it has been favored, it has kept the same even tenor of successful operation.

The general statistics are as follows: Admitted 15, discharged 14, remaining 62. Of those discharged, 6 had recovered, 1 was improved, 3 were unimproved, and 4 died.

11. The report of the Mount Hope Institution for the year 1860 was not received by us, and therefore was not noticed as usual.

Work on the new institution, a section of which had just been opened to patients at the close of 1859, is still in progress, and the center-building is now nearly completed.

We are without information as to the progress of the projected State Hospital, and the Sheppard Asylum.

Dr. Stokes' statistical tables are certainly the most curious arrangement of figures that we have met with; and the matter of the results attempted to be displayed is not less peculiar than their manner. In the first table, "Showing the number of insane admitted" during the year 1861, we have first, "Whole number of patients, 343;" which number we are presently led to believe represents the total of patients treated during the year, including 35 cases of *mania a potu*, considered to be not insane. In another table "Showing the form of disease under which the insane patients labored," 35 cases of *mania a potu* are set down. There are also 21 cases of oinomania, and 9 of moral insanity. "The one distinguishing (!) feature of the disease" in the former, is stated to

be a "continual craving for, and excessive use of, intoxicating liquors." What is meant by the moral insanity which the nine cases illustrate, the following extract may possibly show :

"There are in fact, as many forms of moral insanity as there are feelings and passions. These may be in excess—that is to say, in a state of excitement—without disturbance of the purely intellectual part of our mental constitution. They may be also in abeyance, producing melancholy more or less intense, still without mental aberration. Excess or deficiency of the feelings and passions may, with as much propriety, be regarded as morbid, as excess or deficiency in any of the ordinary functions of the body would, without question, be referred to disease. The fact that a particular form of this malady does occasionally lead to the commission of crime, and is naturally urged in extenuation of it, has created doubts of its existence as a disordered condition, and induced many to believe that it is simply a disregard of self-control, or a deliberate indulgence in vicious passions: but assuredly the frail nature of human reason predisposes all his faculties and functions to morbid action, and excess of joy or grief (both in themselves natural) are as much entitled to be considered disease, when characterized by irrational conduct, as any other departure from the healthy performance of the brain's functions."

The yearly statistics are: Admitted 121, discharged 111, remaining 197. Of those discharged, 42 had recovered, 39 were improved, 16 were unimproved, and 14 died.

Allgemeine Zeitschrift für Psychiatrie und psychisch-gerichtliche Medicin, herausgegeben von Deutschlands Irrenärzten, unter der Mit-Redaktion von DAMEROW, FLEMMING, ROLLER durch HEINRICH LAEHR. Achtzehnter Band. Berlin, 1861.

Journal of Psychiatry and Psycho-Legal Medicine, etc.
Vol. XVIII. Berlin, 1861.

The following notice of the contents of the volume for 1861, of the leading German psychological journal, will, no doubt, prove interesting to our readers :

"On the Influence of the Imitative Impulse on the Spread of Sporadic Insanity. By Dr. Finkelnburg."

The author of this paper, after some remarks upon the history and literature of the subject, the power of example, etc., proceeds to give twelve illustrative cases. We can only furnish an abridged translation of a few of these, and some of the conclusions based upon them.

T. S., aged 54, of healthy parentage, after the cessation of the catamenia, became afflicted with religious melancholy and depression at the neglect of her sacred duties, and fears of starvation as the punishment for her sins. The heavy care of her at home, in this state, fell upon a daughter aged nineteen, and an unmarried sister. These, particularly the former, an exemplary and intelligent maid, undertook the duty with great zeal, and sought diligently to combat the delusions. But to her terror, in the winter of '54-'55, she observed that the same melancholic feelings and imaginings she had so zealously combatted, were gaining power over herself, accompanied with attacks of anguish. At the same time menstruation, which had been two years established, ceased, and a feeling of icy coldness spread over her extremities. At the same time, the aunt, who, like the daughter, had previously shown no signs of mental disturbance, became afflicted, and it was necessary to separate the three. Mother and daughter were placed at Siegburg, in August, 1855, and both left cured; the mother on the 12th of January, and the daughter on the 29th of March following. The aunt likewise recovered in a private institution.

A brother and sister, aged respectively 24 and 27, of healthy parentage. The brother was of good constitution, formerly given to onanism, but sound up to the date of the attack. The sister suffered, in her fifteenth year, from some indistinct form of nervous fever, accompanied by otorrhœa and osseous tumors. On the 16th of March, eleven days before admission, she was much vexed by a matrimonial disappointment, and by being calumniated by her lover, and immediately became afflicted with *melancholia agitans*. Her wildness made a deep impression upon her brother, who was much attached to

her, and who from this time remained constantly with her, and was unwearied in his efforts to console her.

About the 21st of the same month, he became greatly depressed, and on the following day his conduct was wild, and on admission into the asylum, *his condition appeared to correspond completely with that of his sister.* The course of the disease in the two was different. The sister continued for ten months in a state of melancholic madness. The brother returned home after a short time, and was industrious and intelligent, but quiet and unsociable.

L. B., aged 48, was attacked, after long premonition, with *dementia paralytica*, maintained that he had great claims on the State for indemnification, great inheritances in prospect, &c. In a short time, his excessive delusions were participated by his wife, aged 49 years, of strong constitution, and menstruating regularly up to the time.

They sold their furniture at a sacrifice, and made expensive journeys to acquaintances in the province, until their conduct rendered disease so apparent that they were brought to the hospital at Cologne. Frau B., during the time she was at the hospital, was much agitated, laughing, singing, dancing, &c. She claimed every thing as her own, and gave her food to other patients. On the 20th of June, the pair were brought to Siegburg, where the disease of the husband ran its course, and he was discharged as incurable on the 25th of October. The wife remained for several months, in a state of general mental obtuseness, and left cured.

N. S., of healthy family, was attacked in 1853, with mental disturbances and religious misconceptions, after long attendance upon a certain preacher. He remained for three years most of the time in bed, praying, and was attended assiduously by his sister, a young girl in whom puberty was just being developed.

Formerly a bright and lively child, she suffered, in the autumn of 1855, the first attack of spiritual depression. In July, 1856, she suffered from a paroxysm of mania, and was taken to an asylum, and remained six or seven months, suffering irregular attacks of excitement and depression.

During these attacks, the catamenia appeared; at first only slightly and irregularly.

Under the use of cold baths, emmenagogues and iron, the patient was discharged cured. *She recognized the continued impression of her brother's disease as the cause of her own.* The latter was removed to the asylum in March, 1857, from which he ran away, and was found drowned in the Sieg.

W. B., aged 28, suffered a fit of epilepsy in his 19th year. (A younger brother was also thus afflicted.) Since this he has been healthy. There was no insanity in the family, till March, 1859, when a younger sister of B. became maniacal immediately after giving birth to an illegitimate child. B. took the most lively interest in the fate of his sister, watched and took care of her cheerfully, and sought to work upon her mind by prayer and the reading of religious works. *The continuous sight of the patient,* (as he afterwards said, during a lucid interval,) finally made himself sick, and his increasing nervous irritation passed, in the beginning of May, into mania, with religious misconceptions and hallucinations. After the 31st of May, he had frequent lucid intervals of fourteen days' duration. The last, in January, 1860, was followed by a continuous and deep stupor. He improved under an exclusive milk diet, and applications to the scalp.

In considering the etiological circumstances of the cases brought together in this connection, we have:

1. Hereditary predisposition to mental disease in two only, and to severe diseases of the nervous system in the whole (12.)
2. The influence of physical disease upon the mental disturbances, we perceive in four of the reported cases.
3. Physiological conditions which had a certain relation to the springing up of insanity, in two cases.
4. In two cases we perceive chiefly the operation of psychical causes, loss of property, unhappy marriage, etc.

Among the cases here brought forward, it will be observed, that only in *two* could any hereditary predisposition to insanity be traced, and only *one* in which epilepsy existed in the family; while in all the cases, taken collectively, which have been

received at Siegburg, during the last three years, in fully *one-half* was the hereditary predisposition traced.

One important lesson impressively taught by these cases is, the great impropriety of confiding the care of the insane to *any* inexperienced persons, more particularly friends and relatives.

"On the Origin of Psychical Diseases. By Dr. Geerds, of Greifswald."

Dr. Kellogg has furnished a translation of this curious and interesting paper, so characteristic of the speculative and metaphysical tendencies of the German mind, for the present number of the JOURNAL OF INSANITY.

"Upon Enlargement of the Ear in the Insane. By Dr. Jung, of Lubus."

The paper combats the views of Dr. Gudden, advanced in a former number of the journal under notice, that this affection is induced by the abuse of unfit attendants, and enters somewhat extensively into the supposed pathological causes of this singular affection of the insane.

"Case of *Cysticercus Cellulosæ* of the Brain. By Dr. Snell, of Hedesheim."

This is a very interesting case, fully reported, but our space will not allow us to make a translation.

Under the head of "Literature," we have

1. Review of the Contents of the AMERICAN JOURNAL OF INSANITY, for 1859, by Dr. W. Jessen, whose treatise on Pyromania has been noticed *in extenso*, in former numbers of this Journal.
2. Notice of Dr. F. V. Zillner's work upon Idiocy and Juvenile Imbecility.
3. Notice of Meyer on Epithelial Granulations of the Arachnoid.
4. Notice of W. Schuberg on Haematoma of the Dura Mater in the Growing; in Virchow's Archives, Vol. XVI., parts 5 and 6.

PART II.

"Upon the Impulse and the Will. By Dr. Brosius."

"The Muscles and Features of the Human Countenance in general, and more particularly of the Eyes: An attempt to consider Mimic and Physiognomic, as founded upon Scientific Principles. By Dr. Th. Piderit, Valparaiso, S. A."

A long article, in which the use and significance of each individual muscle of the human countenance and eyes is carefully considered; containing nothing that we can discover which is new, or that has not been as well said before, and of more importance to the physiognomist than the psychologist.

Of the 123 pages which go to make up this number of the Journal, 100 are taken up by the two papers referred to.

Under the head of "Literature," we have

1. A Review of the Treatise of Dr. W. Krause, on the Terminal Corpuscles of the Simple Sensory Nerves.
2. Anatomical Researches, an Appendix to the same.
3. Researches on the intellectual life of the New-Born. Inauguration Essay. By Adolph Kussmaul.
4. A Review of Fornmuller's Treatise on the Indian Hemp, particularly in respect to its Soporific qualities: A treatise based upon 1,000 clinical observations.

The reviewer, Dr. Reimer, remarks: "The author attributes the neglect into which the remedy has fallen at present, partly to the contradictory statements of writers as to its physiological operations, and partly to the fact that in the East it contains an important narcotic resin, rendering its operation far more powerful than in Europe, where the dose must be from 20 to 40 times as great to produce the same effect. The chemical analysis of the hemp is, therefore, incomplete. The chief source of its efficiency is a peculiar resin, (*cannabin.*)

The preparations recommended are the extract and tinct. *Cannabis Indici*, on account of the greater uniformity of operation. The primary physiological operations of the drug are, according to the author's own observations, slight gastric

disturbance, disturbance of vision, delirium with serenity but changing into dimness of space, upon which follows torpor and sleep.* Of the forms of disease, to which, according to the author, the hemp is applicable, we have, 1. Cataleptic convulsions, and trismus. 2. The delirium of drunkenness; in many cases of this, the author found good results. 3. In epilepsy; no beneficial results. 4. Melancholia; in this the hemp has been used by Moreau, Clendening, Conolly and Gray. The accounts given of its results are various. Solbrig, (*Zeitschrift*, vol. 8, page 62,) speaks in favor of it; Sutherland against it. Gray (*Journal of Insanity*, 1859,) gives preference to opium. According to his own experience, the author pronounces the hemp an anodyne and anti-spasmodic, and its chief use as a remedy rests upon its hypnotic operation.

Under the "Miscellaneous," we have

1. A notice of the enlarged ear in the insane, based upon the observation of fourteen cases, by Dr. Leubuscher. Dr. L. notices the previous papers of Drs. Gudden and Jung, already glanced at, disagrees with the former as to the traumatic origin of the affection, and assigns constitutional causes affecting the nerves and blood-vessels of the ear, as influencing this "complex symptom of blood extravasation in the cartilages of the ear."

In the transactions of the Berlin Medical Society, Dr. Leubuscher, in speaking of the nervous diseases which result from syphilis, referred to *hypochondria syphilitica* as the most frequent of these.

In a case of complicated mania, the patient suffered from chancre, three years previously. The *post-mortem* showed apoplectic traces in the brain. In one case, ozena and pain in the forehead were present, and were followed by acute delirium. On the whole, mental disease is seldom the result of syphilis.

*This corresponds, it will be observed, with the account given by Bayard Taylor, in his description of the operation of the drug upon himself. See "Land of the Saracens."

PARTS III, AND IV.

"On Constitutional Syphilis of the Brain. By Dr. Ludwig Meyer, of Hamburg."

In this paper, the author, after some preliminary observations upon the disease, proceeds to give full details of eight or ten cases, in which the skull, brain and membranes were affected by constitutional syphilis, accompanied by various forms and grades of intellectual disturbance. The symptoms and progress of the disease are very fully and carefully reported, and the *post-mortem* appearances of the various organs of the body, more particularly of the brain and its coverings, are minutely noted down, even to the microscopic appearances in some instances. The paper is accompanied by a lithographic plate, representing some of the diseased structures referred to. We regret that our space prevents a more copious notice of this interesting and carefully prepared paper, but we have marked it for translation for this Journal.

"A Contribution to the Question respecting Insane Colonies. By Dr. Theobald Guntz."

The author of this paper gives the impressions made upon his mind by a visit to the celebrated insane colony at Gheel, in 1853.

Since the period of the author's visit, we believe, much improvement has been made in the condition of the insane in Belgium, and if we are to judge by the observations detailed by the writer, there was, at that time, great need for the same. The writer enters somewhat at length into the discussion of the impracticability of the care, much less the successful treatment, of all classes and sexes of the insane in colonies like that at Gheel.

"On the Pathologico-Anatomical Changes presented in Diseases characterized by Psychical Disturbances. By Dr. Geerds, of Greifswald."

In this paper the author seeks to collect the results of pathological investigation, in the elucidation of psychical diseases, and also to glance at what future investigations promise in this department of medical science.

He first takes a view of the changes in the brain and its coverings in, 1st, the acute, and 2d, in the chronic forms of insanity. In the third division of his subject, he treats of general paralysis, blood anomalies, haematoma of the ear, etc. In the next division of his subject, the author considers the relative connection of phthisis and insanity. The writer maintains that certain psychical and physical conditions incident to insanity strongly predispose to tubercularization of the lungs. Among them are enumerated

1. Psychical disturbance affecting respiration in all affections of a depressive character, (sorrow, anguish, terror, etc.)
2. Disturbance of the nutritive process, as for example, in sitophobic melancholy.
3. The unhealthy condition of the atmosphere they are called upon to respire, when confined in imperfectly ventilated prisons and institutions.

The relative frequency of gangrene of the lungs in the insane and sane, according to the statistics of Fischel, is as follows: *Post-mortems* of the insane furnish 7.4 per cent.; of the sane, 1.6 per cent.

In the next division of his subject, the author treats of heart affections. The frequency of heart affections among the insane has been established by numerous observations. Bonet, Greding, Marshal, Lietaud, Sommering, Baillie, Springel, Kreisig, Corvisart, and others, have observed these affections so frequently, not only in the insane and suicidal, but also in criminals, as to lead them to infer that some influence must have been exerted upon their psychical condition. Webster found heart affections in one-eighth of his *post-mortems*, Bayle in one-fifth, Calmeil and Thore in one-third, and Foville in even as many as four-fifths.

In the two remaining divisions of this interesting paper, the author treats of the influence of the digestive and sexual organs upon the psychical functions.

“Superior Opinion touching the Mental Condition of the Laboring Man Carl Eisfeld, arrested for personal offence offered to Majesty. Reported by Dr. Behr, of Bernburg.”

An ordinary case, and interesting chiefly in a psycho-legal

point of view. The court-physician had declared Eisfeld completely accountable. Subsequently he was pronounced insane by another physician, and dangerous to the community. This latter opinion was confirmed, and Eisfeld was placed in an asylum. The case appears to have been thoroughly and ably investigated, and the report occupies thirty pages of the Journal.

"The Insanity of George the Third. By Dr. Ray, of the Butler Hospital, Providence, Rhode Island, U.S."

A full translation of this able paper, which first appeared in the *Journal of Insanity*, for July, 1855, and subsequently in *Forbes Winslow's*, and many of the leading medical and psychological journals. "It is here given," says the editor, "on account of its great learning and deep historical, political and psychical interest."

"The Temperature of the Outer Surface, particularly of the Head, in the Insane. By Prof. J. F. H. Albers."

Under the head of "Literature," we have

1. A long review of Dr. Dahl's Contributions to the Knowledge of Insanity in Norway.
2. A review of the monograph of Dr. E. Salomon on Suicide. We have been favored with a copy of this treatise, and hope to furnish an epitome of its contents upon a future occasion.
3. A lengthy synopsis of the contents of *The Journal of Psychological Medicine and Mental Pathology*, edited by Forbes Winslow, for 1859.

The remainder of this number of the *Allgemeine Zeitschrift* is devoted chiefly to the reports of several German asylums, and their accompanying statistical tables. To do justice to this portion of the Journal would require more space than is at present at our command.

SUMMARY.

THE FREQUENCY OF RELAPSE IN INSANITY : WHENCE DOES IT ARISE?—To so much that is yet mysterious to us in insanity—for every thing that we meet unexplained and uncontrolled appears mysterious—must also be added the frequency of its relapses, so much and so justly lamented. The notice of it has no doubt often cooled the ardor of the physician and the philanthropist. But still it would be going too far to consider this tendency to recurrence a peculiarity of mental disorders only. For a number of other diseases, even of the inflammatory and febrile, which are marked by their perfect crises, and on account of their rapid course appear least liable to leave behind them in the organism a diseased predisposition, have this tendency to attack the same individual repeatedly, and the more readily in proportion as they have already frequently recurred ; and we have no hesitation in attributing this disposition in part to a remaining weakness in the organ more particularly affected, and also to the continued activity of the same external causes of disease. This remark applies to croup, pneumonia, pleurisy, erysipelas, many glandular inflammations, and intermittent fever. Still, it must be admitted that mental disorders are particularly liable to such relapses. This fact has been acknowledged by each of the scientific schools which have sprung up on account of their differing views on the nature of these diseases, and both has claimed it in support of their own system. The somatics find in each relapse evidence that where the bodily disease, as the foundation of the insanity, is not thoroughly understood and radically cured, the mental restoration is only apparent, and rests on a deception. Every recurrence of insanity, on the other hand, has proved to the psychics the difficulty as well as the necessity of a thorough change of character, of principles and of inclinations. The party, again, occupying the middle ground between the two, has been confirmed in its convictions by every such recurrence of disease cured exclusively by moral or medical means, that a cure which does not take hold of the entire system, both bodily and mental, and favorably alter it, is incomplete. To the last two views, and the inferences drawn therefrom, I shall recur again, and would here only remark, that I have never observed a change of character from what it was before the sickness, but always

only as it had exhibited itself during the disease; even when the cure was of the most satisfactory duration. If, however, on the other hand, the somatics find ground from the frequency of such relapses of insisting upon the thorough removal of the bodily disorders that lie at the foundation of chronic delusions, and if they consider each relapse as the consequence of neglecting this rule, it can not be denied that in innumerable instances its most careful observance has not prevented the awkward experience which has brought upon the physician the charge of too hastily stopping the treatment, even when the most complete success had apparently crowned the effort. Mental disorders whose physical causes have been best understood, and treated with the most satisfactory results, so that all the signs of mental and bodily health have conspired to prove a thorough restoration, reappear with their former violence after a longer or shorter period of complete health. So that even on these grounds of the somatics themselves, it would appear deceptive, or at least a piece of temerity, to pronounce any insane patient cured. We come now to the question, Why do these facts occur so often?

One of our former investigations on the existence of a form of insanity from primary cerebral irritation has, I think, established that in a large number of mental disorders the sensorium is affected only secondarily through sympathy. If we take a general view of the psychical diseases which lie at the foundation of secondary mental disorders, it will be seen that they belong almost wholly to that class of pathological conditions which most readily incorporate themselves with the constitution, or become habitual; partly because they often arise from a predisposition deeply seated in the organization, partly because they alter the vital force in its three principal elements or directions; irritation, sensibility and nutrition. They are such conditions as have been variously denominated by authors, abdominal plethora; venous congestion; then as a derangement or stagnation in the portal system; an irregularity in the circulation of all the abdominal vessels, etc. Those who accept Schoenlin's view of the identity of haemorrhoids and gout, will have no difficulty in increasing his family of diseases to three, by adding the secondary mental disorders. If we admit, with him, that the elimination of the same morbid product may produce gout or haemorrhoids, according as it takes place through the arteries or the veins, then it may be more than mere conjecture to suppose that in insanity the morbid process failing to establish itself either in the arterial or venous system, falls upon the

nervous, and particularly upon the ganglionic portion of it, producing dynamic or organic changes, and through them, however little understood, disturbances which although, on account of the form and violence of their manifestations, they easily hide and cause us to forget the primary disease, still spring from the same seed and flourish in the same soil with these allied affections. This connection of many of the secondary mental disorders with gouty affections, is attested by so many facts, that I am satisfied an extended observation and correct estimate of them will remove all present doubt. Of these facts, I will here adduce only a few. The prevailing periodicity common to insanity as well as gout and haemorrhoids; the symptoms by which in the latter the participation of the nervous system expresses itself, and which often attain the height of hypochondriasis and melancholia; the sympathy of the cutaneous organs and their disposition to morbid eliminations; metastasis by which the suppression of the one is often followed by the eruption of the other. The remedies, also, which prove to be useful in one class are often most successfully employed in the other. Should the causal relation between them not be admitted (and it is here referred to incidentally, and by way of conjecture only,) it will hardly be questioned that they have the common characteristic of being equally seated in the constitution and interwoven with it, or in other words, that they rest upon such pathological conditions as are very liable to become habitual. From this morbid peculiarity pervading the entire organism, but particularly the abdominal organs, springs the difficulty of effecting an entire change, such as is necessary for the sure prevention of gout and piles, as well as insanity. And even more, since the latter has affected that part of the nervous system whose office it is to preside over the functions of organs, and since the same nerve-fibre which has once been subjected to the morbid process retains a debility, an unusual susceptibility to the action of any new morbid influence. For we are yet without a remedy easily and generally applicable for overcoming thoroughly this remaining atony of the nervous system, except so far as we have it in sea-bathing and the shower-bath.

With this is connected rather intimately a second item, favorable to relapse in insanity; and this is found in the fact that the pathological conditions spoken of are, for the most part, supported by the entire mode of life. Here must be mentioned prominently the bodily diet; food and drink, sleeping and waking, rest and exercise, etc. We need not here

explain the influence which these matters have in the production of disease, nor prove that in the treatment they demand a more careful consideration than they receive, even in some hospitals for the insane. Only the dangers are here to be considered which threaten from this direction the permanence of the restoration of those who have recovered from insanity. Even the most inappropriate hospital diet is probably regulated with regard to the time of eating, and the quantity of food taken, and there can be no doubt that this wholesome item exerts, in many cases, as important an influence in the cure as the more direct treatment itself. Those acquainted with hospitals for the insane know with what reluctance and murmuring not only the sick, but even the convalescent, often bear the restraint imposed on their inclinations by dietetic regulations. And although every species of guardianship is unpleasant to the adult sick, and in every respect after his recovery has delivered him from it he delights to use his liberty, yet he insists on his dietetic rights with most importunity. Those cases must be considered the exception in which obedience to the orders of the physician does not come far short of the resolutions and pledges of the restored invalid. Nor ought we here to lose sight of the derangement of the gastric nerves, which often remains or returns after recovery, and stimulates as much to transgression as the over-tonic condition of the stomach following the cure by quinia of intermittent. Hence it happens but too often, that as soon as the most pressing symptoms or the greatest danger have been overcome, and the convalescent removed from medical care, the general or the local disease which has been slowly and with difficulty cured, gradually returns, while medicinal means are discarded, since the general health does not appear to demand them, until the danger becomes inevitable, and the speedy eruption of the old or a new train of symptoms indicates a relapse, bringing upon the physician the unmerited reproach of a superficial cure. "The well deserved reproach," has been the answer of the psychiatrist, "for from this arises the partial success of a purely somatic treatment; it does not seek to educate the ignorant patient, and give him in the possession of a higher morality a sure talisman against the perilous temptations of the appetites." What prudent physician would not aim at this end, whether or not he considers the derangement of the mind only the symptom of bodily ailment? What physician would not take the pains to convince his recovered charge of the injurious character of those influences which have surrendered him a helpless prey

to disease, and warn him against them? How seldom is his effort of any permanent avail, even if he could transfer the gray-headed disciple of his philosophy into the groves of an academy.

In addition to dietetics in a physical and more restricted sense, the employment and entire moral regimen remain to be considered, as these also assist in forming the soil in which the pathological conditions here alluded to take root. That all the items belonging to this point have some influence in the production of insanity, as well as of its relapses, has been acknowledged by physicians of a very remote period, for they have advised a change of residence, of employment, and of other circumstances, not only during, but also after, an attack. The smallest portion, even, of the restored, can hardly act upon these directions, however; for the greater number the exit from the hospital is the return to the old injurious habits and influences—in the higher circles the dangers of luxury, in the lower those of want. The voice of reason is seldom stronger than that of self-love and want, be it enforced ever so much by experience and the admonitions of the physician. One fact appears to me to be of particular interest in reference to this influence of the mode of life. Most of the relapses which are not the result of extraordinary causes, as child-birth, violent passion, etc., pass through the incipient stage in the commencement of spring or of autumn, and break out in the beginning of summer and of winter. It may not be venturing too much again here to trace an analogy between insanity and arthritic affections, as among them gout, in its tendency to periodicity, seems to prefer the equinoctial seasons. As, however, every explanation taken from cosmical or siderial influences is an uncertain resource, and gives little light, I will rather refer to matters nearer home. And in this connection the change of occupation which is so clearly connected, at least in our northern latitudes, with the warm and cold seasons of the year, and which takes place twice annually, deserves to be mentioned. The one invites to the open air and to labor; the other drives back into quiet life and the confinement of the house; which implies much that can affect the organism, and with the aid of a predisposition, cause disease. To the influence of the atmosphere must be added its chemical constitution, perhaps, as well as its temperature. Even the most robust individual perceives the opposite influences upon the system, varying so much at the two solstices; the invigorating, cheering, and exciting powers of spring, and autumn's depression and ill-humor. Will not this effect be

particularly exhibited in pelvic diseases, and predispositions to them? for it is well known, from numerous observations, how much the external temperature modifies the circulation of the blood, particularly in the thorax, and through changes here that of the abdomen and brain. This may bear more than an accidental relation to what I have often observed, that in spring relapses are most frequent in those disposed to arterial excitement, while in autumn, on the other hand, those are most in danger whose veins are too full.

Finally, we must not underrate the importance of mental dietetics. We must not refuse to allow great power to another series of morbid causes, although it would be going too far, as has been done, to consider them the only effective influences, and as the immediate causes of this disease. These are the psychical causes, which, in so far as they have an exciting or depressing operation upon the nervous system, can of themselves bring about such a change in the vitality, particularly of the organs of the pelvis, that through this may be produced the pathological conditions which lie at the foundation of the secondary insanity. Such moral causes are found mostly in the aggregate relations, political and domestic, of the invalid, which make his mind a constant theatre of contention between exciting and depressing emotions. The only means to counteract such hurtful relations and events, is indeed a calm and correct view of them; that Socratic wisdom which curbs the stormy passions, and thus prevents their evil influences. As long as an individual who has already succumbed under such circumstances remains prostrated, it is impossible to give his reason, by direct instruction, the control of his unfettered passions. The only remedy, therefore, applicable at this time, is to withdraw him from all hurtful relations, and transfer him to a new, and to him, a strange world. The storm of the disease once over, he must be taught to avoid, as far as may be, what is pernicious, to view calmly what cannot be avoided, and bear it with patience. This is a problem that presents itself to every physician, and has been thought to be the only essential one by those who see in mental disorders no bodily lesion. But even among them, probably, the difficulty of its solution will be admitted. The so-called uneducating process demanded by them, I consider a veritable chimera. What a mass of prejudices imbibed from infancy, and confirmed by years; what a number of habits already become a second nature, would have to be eradicated in this process! How many false notions corrected, new views instilled, how much every susceptibility altered, the mind made alive to a series

of entirely new stimuli, and dead to the old. Never has he adequately learned the difficulties of educating children, who considers it so easy to educate anew, and on different principles, adults, and such, too, as have perhaps not only yielded to imprudence, but to immorality—though precept, example and necessity aid in the work. Granted that the tedious labor succeeds, and the reformed disciple is dismissed from the hands of his guide, where else can he go but into the reach of the same hurtful influences which had overcome him at first. It may indeed be justly required of the teacher that he should bring his pupil to a point where, even under the most unfavorable circumstances, he shall not go astray. But would you bring back to the straying one who has been reclaimed and instructed in the right way? The reformed thief or robber may perhaps be a good citizen, and remain so while he lives among good people; but let him go from the reform-school into the society of thieves and robbers, and his reformation will hardly continue. This comparison is not really harsh or inapplicable. Are we speaking of an invalid whose health has been destroyed by moral or mental influences? it will ordinarily be the same world of vexations from which the invalid escaped, and to which the convalescent returns. For, generally, the friends, both of invalid and convalescent, expect the physician to do everything in changing the conditions upon which insanity rests, while they themselves are either unable or unwilling to remove or modify the causes. Thus it happens that the restored lunatic is ever forced to encounter more dangerous rocks after quitting his place of cure than any sailor that faces the storm after repairing his shipwrecked craft in a quiet haven.—*Translated from the German of C. F. Flemming, by Dr. S. S. Schultz, of the Penn. State Lunatic Hospital, at Harrisburg.*

OPIUM IN MELANCHOLIA.—Dr. Sponholz, in his statistical reports of the asylum at New Ruppin, speaks strongly respecting the efficacy of opium in some forms of mental disease. In melancholia particularly, he regards it as invaluable, and esteems it more highly than all other internal remedies he has employed. “Its favorable operation,” says he, “in passive melancholia, encouraged me to future trials in other forms of mental disease, such as active melancholia, continuous and intermittent mania, mental misconceptions, (*sinnenwahn*,) etc., with marked benefit. By means of the consecutive and methodical administration of opium, he has frequently changed the complicated sufferings incident to the above

affections, in a manner not to be expected from his former practice. In a comparatively short time his patients were so much restored that they could be dismissed with good hopes and expectations ; and his curative results by means of opium have been much greater than formerly. Respecting his mode of administering the opium, Dr. S. says :

" In the first years of our experiments with the drug, we gave it two or three times a day, increasing by very slow gradations. Since three years we are convinced that two daily doses, one soon after rising, and another just before retiring, that the effect of each may reach forward over a space of twelve hours, is the best mode of administration. We begin with the weak dose (half a grain) and continue this from three to six days, according to individual susceptibilities, and the known influence of the same portion. When we have gone on to four or five grain doses, or to eight or ten in a day, we continue at this height, or proceed more gradually ; keeping up the influence, however, till decided improvement follows, or the signs of satiation or gastric reaction are perceived.

" Its first effects are manifested in the behavior of the patient—aversion, inactivity, sleepiness, etc., subsequently by nausea, retching, vomiting or diarrhoea. In the first cases, we prolonged the administration when we had reached the height, and went no further if the patient felt more free, and had won back his old liveliness. At last, we sink down to two or three grains, whereby the gastric affections cease, and after a few days begin anew, and proceed more gradually.

" Mostly, there is no renewal of the early reaction. Should this, however, be the case, we return again to the same treatment, and continue it till the desired object is attained, or till satisfied that no further good results can be obtained by the continuance of the remedy. In this way, the author has given in three cases as much as twenty-four grains daily, and in two cases twenty grains, without having observed any disadvantageous consequences. When the desired height has been attained, the same has been continued for two weeks, and then the dose has been gradually reduced, at first, say one-half or one grain every six days, then one grain every third or second day, till discontinuance. While taking the last small doses, the patients have mostly left the institution. If, during the time the opium was being diminished, there was a return of the earlier symptoms, it was again increased until the symptoms disappeared, and after remaining some weeks longer at the same height, it was reduced more gradually than before." The author observes in conclusion, that

"Of the larger number of cases treated by me during an experience of six years, seventy-five per cent. have been cured, while in but twenty-five per cent. have we observed only a partial or unsatisfactory result.

Opium, therefore, though not a universal, or unlimited remedy, is an invaluable one in psychiatry. Never with us has it weakened the spiritual activity or thinking faculties, but regulated them, kept down the insane imaginations, and brought back the mind to its normal condition. It has been well borne, and has had a favorable influence on the digestive and entire nutritive functions, and has never induced sexual disturbances or inclination to costiveness.—*Allgemeine Zeitschrift für Psychiatrie.*

MARRIAGES OF CONSANGUINITY.—M. Boudin, so well known for his researches in medical statistical questions, thus concludes an interesting inquiry concerning the effects of marriages of consanguinity: 1. The opinions hitherto delivered, whether for or against the hurtfulness of these marriages, have for the most part not been based upon conclusive proofs. 2. It is the statistical method that can alone supply a scientific solution of the problem. 3. It results from my own researches that consanguineous marriages are contracted in France at the rate of two per cent.; and that deaf-mutes are the issue of consanguineous marriages in the proportion of 28 per cent. at the Paris Imperial Institution, 25 per cent. at Lyons, and 30 per cent. at Bordeaux. 4. Marriages between nephews and aunts are contracted in France in the proportion of 0·014 per cent. (fourteen thousandths per cent.,) while deaf-mutes are the results of such marriages in the proportion of 2·04 per cent. In other words, deaf-mutes resulting from such marriages are 145 times more numerous than they should be. 5. Marriages between uncles and nieces are contracted in the proportion of 0·04 per cent., (four-hundredths,) and the deaf-mutes resulting from such marriages reach 1·61 per cent., *i. e.* the danger of engendering deaf-mutes is 40 times greater in this kind of alliance than it is in ordinary unions. 6. Marriages between cousin-germans are contracted in the proportion of 0·77 per cent., and deaf-mutes are produced in the proportion of 18·47 per cent., *i. e.* 24 times more frequent than they should be. 7. The proportion of deaf-mutes proceeding from consanguineous origin would be still greater if we could take into account those which proceed indirectly from consanguineous marriages. 8. While at Berlin the proportion of deaf-mutes is but 6 in 10,000 among the Christians, it is 27 in

10,000 among the Jews. 9. In nearly the whole of the cases the deaf-mutes issuing from consanguineous marriages have parents who are perfectly healthy and exempt from hereditary affections. 10. When male and female deaf-mutes intermarry, not being consanguineous, the children they produce, with rare exceptions, are exempt from dumbness and deafness. 11. In the face of such facts as these, the hypothesis of a morbid hereditariness employed for the explanation of the frequency of deaf-dumbness among infants the results of consanguineous marriages, is radically false. 12. The hypothesis of the pretended harmlessness of consanguineous marriages is contradicted by the most evident and well-verified facts, and can only be excused by the difficulty, or rather the impossibility, of giving a physiological explanation of the production of infirm children by parents who are physically irreproachable. M. Boudin, in proof of the practical importance of this kind of inquiries, states that in 1831 more than 15,000 men have been exempted in France from military service on account of deaf-dumbness, dumbness, or deafness.
—*Recueil de Mem. de Méd. Militaire and Medical Times.*

THE NECESSITY OF A LUNACY COMMISSION.—Our institutions and provisions have grown up from necessity, in this department, [of lunacy] each upon its own basis without general system or supervision, and the subject under consideration demands a hearing.

There are two classes, making two grand divisions of these unfortunates—the acute and chronic, a large percentum of the former susceptible of cure or improvement, while the latter is susceptible of little or none. Our public institutions is the place for the former class, and it is to be presumed that if proper local arrangements were made in each county for the latter class, they may be made as comfortable and as humanely cared for as in the public institutions, and at a less expense by a large per cent. It is to be noted, however, that our public institutions would not suffer in this arrangement. On the contrary, they may be made much more useful than at present; a large proportion of their inmates might be transferred to local institutions, giving place to others suffering for the want of the enlightened treatment they would there receive, but cannot for want of ample provisions to get them there, or place to put them when there. It would be the province of a Commission of Lunacy to regulate all this, and to endeavor to operate with the county authorities to provide suitable apartments and appendices to their already pauper

establishments, and in that way obviate the necessity of making provision for other public institutions, a subject which has heretofore been more or less agitated, and which a lapse of time would be sure to render necessary.

The necessity of such a Commission, and such arrangements, has long since been developed and established by some European governments; but it is to be doubted, perhaps, whether it has ever been carried to that degree of perfection that it can be made to be in this country.

The object of your correspondent is not to enter into an elaborate disquisition upon this subject; but to invite the especial attention of your readers to its consideration; to scan in their own minds its merits and demerits; and take such action as they may feel called upon to make.—*From Letter in American Medical Times.*

INSANITY FOLLOWING INJURY OF THE HEAD.—OPERATION.—DEATH.—B., aged 24, farmer, was admitted July 27, 1860. At the age of 14 he received a kick from a horse, producing a compound fracture of frontal bone. Some loose fragments were removed. There remained, however, a depression of bone, visible to the eye, running in direction of a line from right frontal eminence to left superciliary ridge, deep enough to receive a finger. The remote effect of the injury was to produce an alteration in character of patient. He became irritable, excitable, and eccentric. He used tobacco to excess, and occasionally drank to intoxication. Notwithstanding his affliction, he was a person of fair capacity, and performed his duties intelligently.

Eight years ago he had an attack of insanity, lasting six weeks. Two years ago he had a second attack, lasting a few weeks. Present attack commenced three weeks prior to admission, since which time patient has been in a state of excitement, sleeplessness, disposed to wander from home during the day and night with no apparent object.

After admmission of patient he continued in much the same state; declaimed in a loud and turbulent manner; had delusions of a religious character; was noisy at night. There was no considerable disturbance of physical health. The circulation was irregular, and during paroxysms of excitement face became congested. The form of disease was that usually described as paroxysmal mania.

Under the quiet of the house, and with the use of anodynes (*hyoscyamus* and warm bath,) patient became calm, improved in physical health, slept well, and conversed properly and rationally.

On the 19th of October he was removed for the purpose of having an operation, which had been determined upon by the friends, performed with a hope of permanent improvement or relief.

A brother, a physician, informed us by letter that the operation of trephining was performed over the depression. The membranes were attached by firm adhesions to the depressed bone. Reaction was not established until three days after, when it appeared suddenly and violently, lasting twenty-four hours, during which time patient could not be kept in bed, but walked about the house. He passed into a comatose condition, and died five days after the operation. There was no *post-mortem* examination. The dura mater, which was thickened, was accidentally opened, and two or three ounces of effused fluid escaped.

Cases of this character are not of frequent occurrence, yet they are met with from time to time. * * * In the case in question, and in similar instances, we should decide after answering two inquiries:

First. Are the adhesions between the depressed bone and membranes so firm as to admit a separation only at serious risk of injury to them?

Second. Did the accident probably produce such extensive injury of the membranes, or brain substance, as to bring about a permanent alteration of the healthy condition of the circulation, or of the nutrition of the brain?

If these inquiries are settled affirmatively, while no improvement will follow an operation, the patient's life still will be jeopardized by the succeeding excitement and reaction which are among the hazards to be encountered.—*Jno. B. Chapin, M. D., in American Med. Times.*

APPOINTMENTS.—Dr. Charles E. Van Anden has been appointed Superintendent of the Asylum for Insane Convicts at Auburn, N. Y., in place of Dr. Edward Hall, resigned.

Dr. Richard Gundry has been appointed to succeed Dr. J. J. McIlhenny as Superintendent of the Southern Ohio Lunatic Asylum, at Dayton, O.

Dr. James H. Woodburn has been appointed Superintendent of the Indiana Hospital for the Insane at Indianapolis, to succeed Dr. James Athon, resigned.